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LECTURES

ON THE

THEORY AND PRACTICE OF MIDWIFERY,

DELIVERED AT GUY'S HOSPITAL BY

DR. JAMES BLUNDELL.

LECTURE XIX.

OUR remarks on floodings generally being brought to a close at our former meeting, I proceed, Gentlemen, this morning, to enlarge a little on those different species or varieties of flooding, which you are likely to meet with at the bed side, dividing them into those which are occurring in the first three or four months of pregnancy, and those which make their appearance in the last three or four,—the earlier and later floodings, as they may be called.

Before, however, I enter on the consideration of the earlier floodings, it may not be amiss, on the very threshold of our subject, to premise a few observations on the appearances of those substances which, in this part of gestation, are found to come from the uterine cavity.

I may observe, then, at the outset, that rarely, yet occasionally, as this preparation shows, the whole ovum is expelled from the uterus entire; in shape and bulk like a pullet's egg, containing a cavity of appearance immediately to be described, with liquor, and sometimes a fœtus not bigger than the garden bean. More frequently, however, disruption precedes the expulsion of the ovum, the parts of which escape in succession; and first the liquor escapes, and then the embryo, if this be not already vanished, to be followed ultimately by a fleshy mass, which constitutes the most important part of the whole structure, well exhibited; to view in this preparation-glass. In this fleshy mass, when washed and immersed in clear water especially, you find a hollow of bumpy (tubercular) surface—smooth—polished—invested with a semi-transparent glistening membrane of pearly appearance, through which the dark red of the structure over which it lies, may be obscurely seen. With this fleshy mass, which at first glance resembles a clot of blood, membrane is marginally connected, floating in the water, and forming, in the entire condition of the ovum, a part of the cavity in which, as in the hollow of the egg, the embryo is lodging. Before I proceed to the next appearance of the ovum, it may be proper to remark, that in the earlier months the fœtus is of very small size, compared with the bulk of the secundines, as these preparations clearly demonstrate; so that the fleshy mass, with which the embryo is in connexion, may be large as half the hand, when the embryo itself is no bigger than a single joint of the little finger. Now for the ovum to come away in a third manner, is by no means very uncommon; the fœtus, it may be, being first expelled, or not appearing at all, while the secundines follow by pieces, one portion after another, till the whole is discharged from the womb. To those who are accustomed to inspect the ovum of the earlier months, if the structure be in ordinary condition, it is by no means difficult, on examination, to determine whether a part only, or the whole, be away; but those practitioners who have paid but small attention to these matters, are liable to deceive themselves with the persuasion, that the uterus is completely evacuated, when, in reality, a part of the ovum still remains in its cavity. The embryo is so small at this early period, and the secundines are so large, that, at first glimpse, one half of them seems proportionally of bulk more than adequate to the fœtus. Beware, therefore, of falling into error here—beware of presuming that the uterine cavity is empty, when a portion of the secundines still remains; for this portion lodging in the hollow of the uterus, may keep up the drainings as effectually, as if the ovum lay there entire. Again.—Hereafter, you will understand more clearly, that the ovum, composed of two parts, the one the fœtal portion, made up of the embryo, en-

closed in a delicate membranous bag, covered with a fine shag; the other, the maternal, consisting of the fleshy mass, which, in good measure, encloses both the embryo and its receptacle, corresponding with the placenta of the full-grown ovum of nine months. Now, it sometimes happens, that the fœtal part of the ovum is expelled alone on one day, while the placenta, or remaining portion of the ovum, escapes from the uterus a length of time afterwards, an interval of uncertain duration, sometimes of a few hours, sometimes of a few days, being interposed; the woman during the whole term having all the symptoms of miscarriage, as, by the presence of the placentar portion of the ovum, the distention of the uterus is kept up. Now, in cases of this sort, you are more exposed to deception, because, the embryo, with its membranous cyst and liquor amnii coming away, as the preparation exhibited shows, it has, to the inexperienced, the appearance of a complete ovum: the inexperienced only, however, can be deceived in this manner; for if your eye have been accustomed to the inspection of miscarriages in the earlier months, the want of the placentar part of the structure must appear obvious at once.

For women to conceive of three, four, or five ova at once is very rare; but the occurrence of twins is by no means infrequent. Now, in miscarriages, sometimes a single ovum may come away, another, or the greater part of another, still remaining behind in the cavity of the uterus. Not to mention that we now and then meet with cases in which, together with a healthy ovum, there forms in the womb a fleshy mass, (a mole, as it is popularly called,) in which no traces of ovum are descernible, the whole of the ovum being expelled, and this mass remaining behind in the uterus, and, as in ordinary miscarriage, keeping up the discharge of blood. In difficulties of this kind the prudent and very circumspect practitioner, the Volpone of his profession, will probably soon detect the nature of the case; but those who are rash, or have seen little, may be again deceived, inferring, with too much certainty, a thorough evacuation of the uterus, because a complete ovum is come away. The error, not of speculative nature, is to be deprecated in a practical view; for the bleeding from the uterus continuing, yet not being understood by the practitioner, it is probable that he may not have recourse to the more judicious means for its suppression. When the case is ambiguous, examination is the only diagnostic on which we may with certainty rely.

In miscarriages, it is by no means uncommon to see no traces of the embryo; dead, perhaps, and dissolved, in the liquor amnii, like sugar in water, or food in the gastric juices. Occasionally we find parts of the embryo only, the head more especially; and it well deserves commemoration, that now and then the embryo dying, and melting perhaps in the second month, the secundines are retained, and continue to grow till they acquire the bulk of the same parts in a nine-month ovum, so that, to the astonishment of the unpractised, there at length issues from the womb a large placenta, with its membranes and water, without the fœtus, which might be supposed to tenant them. When, too, the ovum dies in the earlier months, it may be retained till the close of pregnancy, the fœtus, without growing or decaying, remaining quietly in the cavity of the womb till, in the seventh or eighth month, perhaps, labour pains occurring, the ovum is at length expelled, but not of the bulk which, from the age of the gestation, we should have anticipated. Hydatids sometimes form in the ovum, and, if I may be allowed the expression, devour it; sometimes a part only becoming converted into their substance, so that they lie embedded and concealed in the placentar structure; sometimes the whole—or, with the exception of a few vestiges, the whole—being consumed, so that in place of the ovum, nothing but these animalcules remain in the uterus.—Sometimes they form a cluster large enough to fill a washand-basin, or a vessel more capacious; sometimes they are altogether of much smaller bulk. Much bleeding accompanies their expulsion when their growth has been great, nor is the flooding always sparing when their bulk is much smaller. While adverting to the changes which the ovum undergoes before its expulsion, I must not forget to remind you of those shapeless masses, membranous or solid, before mentioned. Of these it may be observed further, that sometimes there are several, more generally they are single; like the ovum itself, they vary much in their bulk, sometimes not larger than the pullet's egg; occasionally large as the fist, the child's head, the child itself, or even larger than this. Masses like these may give rise to symptoms similar to those produced by ordinary miscarriages, and they are best managed on the same principles as other flooding cases.

And thus much then respecting the different substances which escape from the uterus in the earlier and middle months. The various points worthy of attention are well illustrated by the series of preparations on the table before you, and which I now proceed to circulate.

For this preparation of the ovum I am indebted to my friend Mr. Sterry; you see it entire, in size and form, like the fowl's egg; the preparation which follows it also

of the earlier weeks, at first glance presents an appearance like a clot of blood, and shows how needful it is to order the nurse to preserve, for the inspection of the accoucheur himself, all solid substances which may pass from the vagina, in order that he may decide whether or not the ovum be come away.

The third preparation shows the interior of this apparent clot, and exhibits excellently well the various characters of the cavity in which the fœtus lodges; the smooth membrane, the bumpy (tubercular) surface, with its glistening, pearly, yet livid red colour. These glasses contain specimens of the fœtal portion of the ovum, only a few weeks old; consisting of a bag covered with fine shag, filled with water, in which the embryo floats. On careless, or inexperienced inspection, such substances may seem to form entire ova, but in truth they constitute but a small part of the whole structure. In the glasses now put forward you see the fleshy masses, big as one-third, or one-half the hand, and which consist of the fleshy parts belonging to the preceding. Here is a fœtus of the size of three months; it remained in the womb till the seventh. Here is an amorphous mass, which came from the uterus after a four-month ovum had been expelled, and the miscarriage was supposed to be complete—much bleeding attended. This fine cluster of hydatids came from the uterus, as you may know by their being all of them like grapes appended to a stalk; you may see the remains of the ovum on which they have been feeding. This engraving is of a placenta and membranes of the size of seven or eight months, matured in the uterus, after the embryo, of small size probably, was dead and dissolved in the liquor amnii; the secundiness of great bulk coming away without their usual occupant, the fœtus, to the great surprise of the accoucheur. At small expense you may make for yourselves preparations of the substances which come from the uterus, and I recommend you, when in practice, by all means to do this, as it is desirable that these appearances be well known to the accoucheur. From ten to fifteen glasses would probably contain all the specimens your practice might require. As you examine the different preparations which are now passing round, do not omit to notice the smallness of the fœtus in the earlier months, and the largeness of the secundines with which it is connected.

Management of Flooding in the earlier months.—When floodings occur in the earlier months, if the patient is robust and strong, and full of blood, and if she be left in a great measure to her own resources, the practitioner prescribing on general principles for occasional symptoms, she will in general do well; and very satisfactory it is to the young accoucheur to remember this, as, like an anodyne, it may soothe and tranquillize the mind when he is sitting at the bed-side of the patient. Without, however, meaning to alarm you needlessly, it is proper I should remark, that women do not always recover, even in the earlier months, and certainly not always in the middle parts of pregnancy, when the discharges become larger, more especially if the patient have flooded much in preceding miscarriages, and have thus been much reduced in blood and flesh. Under these earlier bleedings, in some few instances, women sink from inanition, and still more frequently, when they escape with life, the tenor of the general health becomes greatly impaired, so that for months or years together, they labour under the cachexia produced by bleeding; dying, perhaps, at last, of hydropic, enteric, or other affections. As, therefore, sometimes, though rarely, they are attended with danger, and as they always impair the health and create much uneasiness and anxiety to the patient and her friends, the different varieties of earlier flooding are well worth the study of the accoucheur; and I proceed, therefore, to remark on them.

Of miscarriages in the earlier months, there are some remarkable for the rapidity of their progress; in the morning the patient is well; in the evening, after a *fright*, *long walk*, or after the ordinary bustles and fatigues of her establishment, sometimes, too, without any obvious cause whatever, she is suddenly seized with an eruption of blood from the uterus; fainting follows—then a rally—then pain—then expulsion of one of those substances just demonstrated; the process, perhaps, being completed in the course of one or two hours. The evacuation of the uterus is followed by a contraction of its cavity, and a cessation of the bleeding, the patient recovering completely in the course of a few days, so that scarcely a trace of the accident remains. Of all the forms of earlier flooding, this is most to be desired. More generally, however, it happens in a way more harassing to the practitioner, that the expulsion takes place in a gradual manner; induced, as before, by some imprudence, or arising, it may be, without any obvious cause. At first, perhaps, a few ounces of blood are lost, and then the patient, keeping herself cool and composed, the hæmorrhage ceases, returning, however, when she rises, and begins again to stir about; and thus it may be, bleeding at one time and free from hæmorrhagy wholly or in great measure at another, she gradually sinks into a state of inanition, becoming pale, cold, fainty, so that she is compelled at last to confine herself to the sofa or the bed.

Meanwhile, as the bleedings proceed, pains begin to form, cutting, grinding, sawing, at first, then forcing, and, beyond all further doubt, parturient; and more blood flows from the uterus, and, sooner or later, the contained substances come away under the forms before shown and described. Days, weeks, sometimes one or two months, or more, may be occupied by this process, and the total quantity of the blood lost may be large, the constitution suffering much in consequence, and, in some few cases, death itself being the result.

There is yet a third variety of hæmorrhage well deserving of notice, I mean the hemorrhagy, whether rapid or tardy, under which you have merely a partial evacuation of the uterus. A woman is seized, perhaps, with an eruption of blood from the womb, and a substance mistaken for the ovum comes away, so that you are assured by your predecessor in the case that the uterus must have been thoroughly evacuated. Notwithstanding this, however, you learn that the hemorrhagy does not cease, and, from this time, it may be for weeks together, the patient is more or less liable to discharges of blood from the uterus, and by and by there issues from the womb an offensive odour, as if something were decomposing there. When the uterus is in this way partially emptied, there may be a retention of half the ovum; there may, too, be a retention of a twin, an accident, however, which in these cases I never myself witnessed; or, as before observed, there may be a retention of some fleshy mass in the nature of a mole lying in the uterus, and keeping up the bleeding; and this I have myself seen. Now in these perplexing cases, the grand point is to decide, whether the womb is empty or not—and to this end, when floodings prove obstinate, you should always bear in mind the recollection, that it is to something retained in the uterine cavity, that this obstinacy is most probably to be ascribed; nor should you suffer yourselves to be lightly driven from this opinion by the declarations of those who have preceded you in the management of the case. A suspicion of this kind, prepares the mind for further investigation. In midwifery, as in medicine generally, too much faith is a fault. Doubt—investigate—the more the better—truth here has no fears. Well, then, suspecting that the ovum is partially retained by the uterus, if the health be much shaken by the continuance of the bleeding, you must of course determine this very important point. Now that the womb is not emptied, you may sometimes know, by examining the ovum which has been expelled, and finding that it is not complete. And if you have been in the habit of examining preparations of this kind, and particularly if you have been in the habit of making them, as recommended, acquiring an experienced eye, you may sometimes decide at a glance whether or not the ovum be complete, and, therefore, whether, without retention of any part, the whole of it have been expelled from the uterus.

Again, you may further judge, whether or not some substance be retained in the uterus, by ascertaining whether, after the reputed evacuation of the contents of the uterus, the patient have still remained obnoxious to floodings, cutting or forcing pains, or those smells offensive to the sense, resulting from animal decomposition. Now, if there is a pertinacious discharge, and if, more especially, with this discharge, pains or fœtor are concurring, there can, I think, scarcely be a doubt, that there is something still remaining in the cavity of the uterus. Should the urgency of the case, however, demand decision, and should the point still remain in doubt, provided your hand be small, and your manual skill considerable, you may generally at once determine the question by the introduction of the fingers into the uterus,—an operation, however, not without its dangers, to which, therefore, you ought not wantonly to have recourse, and from which, in the commencement of practice, it is better to refrain. In performing this operation, as the vagina is very relaxed, the left hand, if small, may be gently deposited in its cavity, and then the bladder being empty, you may place the right hand over the uterus above and behind the symphysis pubis. This done, the first and second finger of the left hand being passed onward from the vagina, up to the very fundus of the uterus, which, by the counter-pressure of the right hand, is cautiously pushed downward and backward upon their tips, the cavity may be examined without any difficulty. Should you find a solid substance in the uterus, you may, at the time, take it away. Though, in the earlier months, you may pass your hand into the vagina, you must not even think of passing the entire hand into the *uterine* cavity. I had almost added, that the very thought is enough to bruise and tear the parts. If you are, from former experience, fit to perform the operation, which I have been describing, you will find no difficulty in executing the different parts of it. Without the safety, or, at all events, the entire future health of the patient demand the operation, it ought not to be done. It is an evil, justifiable only when a remedy for one still greater. If you want skill, have recourse to some one more dexterous. Dilators of the os uteri, and extractors to remove the ovum, have been contrived; they are more likely to do harm than good. Iron has no feeling for you or for the patient.

There is one other variety of flooding in

the earlier months, which it may be well to mention here; I mean the flooding which continues after the womb is in reality thoroughly emptied, of which I have seen several instances. In the third month, perhaps, the whole ovum comes away; but, instead of shrinking in the ordinary manner, the womb still remains very large—very lax—very vascular; the patient, of consequence, continuing obnoxious to the bleeding. It is by examination only, as before explained, that this case may with certainty be made out, by passing into the uterine cavity two of the fingers of the left hand, and counter-placing on the fundus uteri above the symphysis pubis the fingers of the right, the condition of the womb may be clearly ascertained. Remember, however, what was before stated, that to internal examinations of this kind you ought never to have recourse, unless the life or the entire health of the patient require them. Generally, in the earlier months, women will do very well, provided you let them alone. And thus much, then, respecting the more interesting varieties of earlier flooding. The rapid, the tardy; the flooding, in which some portion of the ovum, or some other solid substance, is retained in the womb. And the floodings, lastly, in which, though the uterine cavity is empty, the hæmorrhage continues nevertheless; the womb being large, lax, and full of great vessels, with its vascular orifices unusually relaxed.

Management of the Earlier Floodings.—After the general observations already at large premised, the management of the earlier floodings may be compressed into few words. If a woman, in the earlier months, is labouring under a flooding of one or other of the four varieties, no obvious danger attending, the less you actively interfere, the better. The patient should be a-bed, quiet, and cool; the bowels should be opened, the system, if feverish, should be refrigerated; and cold should be applied topically, and, in larger doses, perhaps, lead should be administered, or the vagina should be obstructed, provided the discharges, copious and pertinacious, seem to require it. But if you find your patient labouring under a discharge more copious and dangerous, and if there is reasonable cause for believing that life, or the tenor of her future health, may be in danger, practices more vigorous than those just enumerated may be required. In these rarer exigencies, besides the remedies ordinary in such bleedings already detailed at large, it behoves you to consider whether you may not have recourse to some of the deobstruents formerly commended, (ergot, for example,) in order to accelerate the expulsion of those substances lodging in the uterine cavity, keeping up the discharge. The ergot I have sometimes tried, according to the rules formerly prescribed, and with the greatest advantage. From idiosyncrasy, or other causes, should the ergot remain inert, it would, too, be for consideration, whether you might not manually interfere, emptying the uterus by that action of the fingers, already explained and demonstrated. Such interference, however, be it remembered, is always an evil. Violence will bruise, tear, and kill. To remove the ovum, however, when it lies not in the womb but the vagina, is often both safe and proper, in both varieties of flooding. Yet, when the bowels are open, often of itself it comes away.

I will not suppose it necessary to remind you, that in the latter floodings, when the woman, without further discharge, lies in a state approaching to asphyxia, to disturb the clots by manual operations may be death. I should despair of teaching you prudence and caution, could I imagine that this principle, so lately pressed home upon the attention, were already effaced from the mind; and yet I have my misgivings: memories are sometimes aqueous. Remember, that even in earlier gestation, if the woman have lost much blood, and if she be in a state of deep fainting, it is unsafe at this time, in any way, to disturb the clots. Let her lie and rally. Assist her by other means than manual operations about the vagina. Transfusion may be necessary.—Then, when she is thoroughly established, when the bleeding shows a disposition to return, when, the womb being empty, the drainings of blood still obstinately continue, vaginal operations may be proper enough.

In continued drains from the uterus, when emptied of its contents, besides the more obvious and general practices, there are two deserving especial notice—mercurial action, and the injection of the uterine cavity. Though not, I trust, besotted with an overwrought opinion of the powers of this valuable mineral, I think some cases have fallen under my notice, in which, whatever its action, the cessation of the drainings might be reasonably attributed to a mercurial action in the system. Do not, however, I entreat you, without reflection, headlong, go and salivate your patients. A slight soreness of the mouth is all I would recommend, and this as an ultimate remedy. It would be better for the personal charms, and, I am sure, sometimes better for the health of our patients, if some of our blue pill and calomel were converted into looking glasses.

The injection of the uterine cavity with astringent fluids, I learned entirely from my valued relative Dr. Haighton. Its due performance requires an accoucheur; for it is not into the vagina, but the womb, that the

fluid should be thrown. Twice, or oftener, in the day, the fluid may be thrown up. Begin with a scruple of alum to a pint of water, increasing the strength according to the effect produced. The blood is sometimes consolidated in the uterus by the action of the alum, and may, to the great alarm of the patient, be expelled with pains like those of parturition; and for this, she should be prepared. Though not prepared to assert that this practice is wholly without danger of inflammation, I never, myself, saw any serious ill consequences resulting. Women are now living who have, I think, been preserved by this remedy; but it should not be used without need.

The grand errors which you are likely to commit in managing the earlier floodings, are, I think, the following. When *tyros*, and young soldiers in midwifery, you are apt to be too soon intimidated by the sight of blood. Perturbations are always undesirable in a practitioner; be it remembered, of the earlier bleedings, that they generally do well; that thought is an excellent anodyne. Again, if rash and resolute, you may fall into a second error, in some measure the result of the preceding; that, I mean, of needlessly thrusting your hand into the vagina, and your fingers into the womb. Remember, I have told you, nor can I reiterate it too often, that you never can enter into the womb without risk; and who, of common humanity, will incur that risk unless overborne by a paramount necessity? Now, in floodings of the earlier months, such necessity but seldom exists; of consequence, but seldom are your active manual operations required. It may, it is true, be sometimes necessary to use the hand; but a meddlesome midwifery is bad. Beware. Remember the principles formerly prescribed. The use of instruments to dilate the mouth and neck of the uterus, or to take away substances from its cavity, I dislike; in a young accoucheur, it is certainly an error. That dilatation of the os uteri can never be proper, I dare not assert. Now and then the finger may be used as a dilator; now and then the forceps may be used to take away the substance contained in the uterine cavity; but these anomalous cases are so rare, that, not to bewilder the mind, it is wiser, perhaps, to consider them as nothing. Beginners, at least, and such I address, ought not to be perplexed with them; and on the whole, for you, I think, it is better to take the chance of evil arising from the rejection of these practices, than the chance of the still greater evil which may result from their adoption; for the cases in which these practices may be needlessly and injuriously attempted are innumerable; but those in which the rejection of them may be attended with ill consequences, are indeed few. A meddlesome midwifery is bad. "*Bene ascolta chi nota.*" To suppose the uterus to be empty when it is not, is another grave error. Recollect the diagnostics stated to you in the course of this morning, and you may, I think, generally keep clear of this mistake. Nor, perhaps, is it unnecessary to guard yourselves against an error the converse of the former—that of imagining, because the bleeding is pertinacious, that something must necessarily be retained. In the more doubtful cases—time or examination must decide. Of the latter floodings we will treat at our next meeting.

LECTURES ON CHEMISTRY,

BY

PROFESSOR BRANDE.

Delivered at the Royal Institution of Great Britain.

Lecture XXVII.

On Potassium, Potash, Nitrate of Potash, and Gunpowder.

The decomposition of potassa, and the discovery of potassium, were effected soon after the development of electro-chemical science, and I have before had occasion to mention to you how the electric poles act in the decomposition of the metals.

It was scarcely credited at first, when Sir Humphrey Davy announced that soda and potash had metallic bases, and it was not until two years after, when in the Croonian lecture he detailed the process which led him to that conclusion, that the statement obtained general assent. He obtained the metal potassium by submitting caustic potash to the action of Voltaic electricity, and the metal was slowly evolved at the negative pole upon the platinum capsule. By operating with great care, Sir Humphrey Davy was enabled to ascertain the properties of these metals; he found that they were different from all other metals in certain respects; that by their union with oxygen, soda and potash were formed; and thus analytically and synthetically the truth of the new discovery was established. By this process, however, only very minute quantities of the metal could be obtained; and Gay Lussac and Thenard, reasoning upon the constant elevation of the attractive power of bodies for oxygen by heat, thought that they might find some

substance which had a stronger attraction for oxygen than the potassium; and such substance they found in iron-filings heated to a red heat. They conducted the experiment in the following way: they bent a gun-barrel, and placed the bent part of it in the fire, having been previously coated with clay. Into this barrel some clean iron-filings were introduced; from one end of the barrel a tube was passed into a receiver of mercury, and another tube from the other end into a receiver containing water, and when potash was put into the upper end of the barrel, and came into contact with the heated iron-filings, it began to be decomposed, and potassium was deposited at the opposite extremity of the barrel; and so successful were they sometimes in this experiment, that 200 grains of potassium have been obtained at a time. Berzelius has also obtained potassium in a large quantity.

Its specific gravity is only 85, water being 100; it is solid at common temperatures, and may be melted into forms by a moderate heat, like wax; you observe that it is sufficiently soft to be cut with a knife, and if pressed upon, it will extend under such pressure, but only at common temperatures, as it is quite brittle at zero, and breaks like zinc. When heated to 150° of Fahrenheit, it fuses, and is perfectly fluid, resembling mercury. It is a white metal of great lustre, and when it is cut or broken, the lustre of its surface is immediately lost, from being coated with its oxide, as it readily absorbs *oxygen* from the air; and you see that merely by friction, so great is its attraction for oxygen, that it immediately inflames; and even when dropped upon water, it melts, and immediately assumes a globular form, and soon after ignites. It will inflame even when put upon a piece of ice, and the fluid left will be found to be a solution of potash, as you see here (showing the experiment). The action of potassium upon water is, therefore, a most correct and facile experiment for the decomposition of water, which you know is composed of two volumes of hydrogen and one of oxygen; and, therefore, by measuring the quantity of hydrogen evolved by the decomposition of the potassium, we can ascertain how much oxygen enters into the composition of potash. All, therefore, that can take place when the metal is put into water, is the evolution of as much oxygen as the weight of the potassium used; and, by repeated experiment, it has been ascertained, that 40 parts of metal require 8 parts of oxygen to form potassa, and these 48 parts of potassa combine with 9 of water to 57, the equivalent of the hydrated oxide of potassium, or common caustic potash, which has such a strong affinity for the water, that it resists decomposition even at a red heat. When potassium is heated with the common *hydrated oxide of potash*, or caustic potash, it decomposes the water united with it, and dry potash is the result, which is a hard grey substance; and this furnishes one of the strongest proofs of the great affinity of certain substances for water, since the hydrate of potash retains water even at a red heat, but is separated from it by potassium.

Now the *oxide of potassium*, or potash, is obtained from the carbonate of potash, which will be shortly brought before you, by lime-water; the lime attracts the carbonic acid from the potash, and, being insoluble, falls to the bottom of the vessel; the liquor containing the free potash is decanted and evaporated, and thus *potassa fusa*, or the caustic potash of the shops, is obtained. But as this potash contains some impurities, it is necessary to dissolve it in alcohol; and upon the evaporation of the alcoholic solution, we obtain the pure potash, which is a grey substance, which fuses at 4 or 500°, varying in this respect from the quantity of water it may contain; but when treated with eight or ten parts of water, it is a colourless body. It acts powerfully upon vegetable and animal substances, and tinges, turning red and other vegetable colours to green. When the hydrate of potassium is dissolved in about half its weight of water and evaporated, it may be obtained in the shape of crystals, which are octaëdrons.

We now come to the consideration of the compounds produced by the union of *potassium* and *chlorine*, and I hope to be able to free the subject from that degree of doubt in which it was so long left. So strong is the attraction between these two substances, that the metal inflames when they are brought into contact; and if, as sometimes happens, it should not inflame, it is owing to the crust which forms upon the surface of it. I shall first introduce a piece of potash into chlorine in the unheated state, and you see what rapid combustion goes on. Now, during the combustion, 10 grains of the metal combine with 11 cubic inches of chlorine, and the result of the union is a *chloride of potassium* 76, being composed of 40 potassium and 36 chlorine. This substance, the chloride of potassium, is a very different substance from that called muriate of potash, which is a binary compound; and I shall endeavour to make clear another point which has been already adverted to, namely, to illustrate the effects produced when chlorine is brought into contact with potash in solution. When this is done, a chloride of potassium is formed, but it leaves the oxygen of the potash in a curious situation, which, with some of the excess of potash and of chlorine which remains, forms a *chlorate of potash*; so that, when chlorine is brought into contact with a solution of potash, instead of cooling oxygen, as it did

when potassium was brought into contact with the chlorine, a part of the chlorine combines with the oxygen of the potash to form chloric acid, which, uniting with the excess of potash in the solution, forms a *chlorate of potash*, whilst the other portion of the chlorine combines with the potassium to form a *chloride of potassium*; so that you are to imagine, that there are two portions of chlorine employed, and that they are consumed in the way I have described.

This chlorate of potash, or oxymuriate of potash, as it was formerly called, crystallises in hexaëdral, or rhomboidal, plates; and when thrown down from its solution by cold, magnificent coloured crystals are obtained, which is owing to the light being polarysed upon them from their extreme density. The taste of the salt is rough and austere, and when triturated in the dark, light is elicited from it; when exposed to a dull red heat, it decrepitates, fuses, and gives out oxygen, and by this process 124 parts of the chlorate of potash are reduced to 76 of the chloride of potassium. A mixture of these parts of this chlorate with one of sulphur, detonates loudly when struck upon an anvil with a hammer, and sometimes explodes with great violence spontaneously; so that whenever you make any experiments of this sort, you should operate only on very small quantities. When the chlorate of potash is decomposed by sulphuric acid, *euchlorine* is evolved, and an oxychlorate of potash formed; the action which takes place is very difficult to explain by mere words, and in fact the change is not very important. *Fire bores* are often made with the chlorate of potash in this way; the match is dipped into a mixture of chlorate of potash and starch, in which there is also some sulphur; and the end of such match, when dipped into a little bottle containing sulphuric acid, instantly ignites. The sulphuric acid is generally contained in a little asbestos.

With regard to the action of *iodine* upon *potassium*, it will be necessary to go into a number of details respecting it, which will save us the trouble of repeating the same in the history of the other metals by and by.

When iodine and potassium are melted together, they combine very rapidly, and form a white compound, which is readily soluble in water; it is the *iodide of potassium*, and is composed of one proportional of iodine 145, and of one of potassium 40. It has a bitterish taste, and has been applied to a variety of purposes, especially in medicine; and it has been found to be a powerful promoter of absorption, especially in glandular enlargements; it is also employed as a test in the laboratory, as you will hereafter see. Now, if you introduce into a solution of potash a little iodine, or solution of iodine in alcohol, you will observe that the solutions immediately act upon each other; the iodine dissolves in the solution of potash, and a yellow liquor is formed; this liquor is afterwards evaporated to dryness, and if the residue be then exposed to a red heat, we obtain an iodide of potassium; but if we evaporate carefully, and not quite to dryness, we get an *iodate of potash* and an *iodide of potassium*, which may be removed by dissolving it in alcohol, leaving the iodate pure. The best process, however, of obtaining iodate of potash, or, as it is called, when dissolved in water and crystallised, *hydriodate of potash*, is to evaporate the before-mentioned liquor to dryness, and having made the residue red hot, to dissolve it in that state in water, and then, by evaporating the water, to crystallise it; thus you will procure hydriodate of potash, which is composed of 48 potash and 126 iodic acid, so that its equivalent is 174; but in its dry state, it is composed of 40 potash and 125 iodic acid, giving 165 as its equivalent. Now, of course, in this instance, you find that the oxygen of the potash furnishes to the iodine as much oxygen as may be required to convert it into iodic acid. The potash having thus lost its oxygen, combines in part with the iodine to form an iodide of potassium, whilst the remaining undecomposed portion of potash unites with the iodic acid to form an iodate of potash, just in the same way as when you heat chlorate of potash, which compels it to give out oxygen, and thus becomes converted into a chloride of potassium, as already explained.

It appears that *potassium* combines with *hydrogen*, if you heat it intensely with hydrogen; and you obtain a spontaneously inflammable compound which is of a grey colour, and is an *hydruret of potassium*.

This brings us to a very important salt of potash, namely, the *nitrate of potash*, nitre, or saltpetre. Now you may easily form this salt directly by adding potash to nitric acid; and by evaporating the solution to dryness, you obtain the nitrate of potash, which is a compound of 48 parts of potash and 54 of nitric acid, its equivalent being 102; and you will be good enough to recollect, that it is a salt destitute of the water of crystallisation. The salt crystallises usually in six-sided prisms, terminated by diedral summits; this not being its primitive form, but the usual secondary form in which it occurs; but when little care is taken in the crystallisation, the shape is of course very irregular. We never have recourse to the direct formation of nitre for its manufacture, since it is abundantly found as a natural product, and imported in large quantities from the East Indies, where it is found in an impure crystallised state in lixiviated soils. In the state in which it is

imported, it contains common salt, earthy salts, and other substances, and it is only obtained pure by recrystallising it. Besides this mode of obtaining nitre, much has been done by artificial means, by the formation of what were called *nitre beds*; and although it would be premature to enter into their history here, I may state, that they consisted of a quantity of decomposing animal and vegetable matter, mixed up with a soil containing lime. A considerable quantity of ammoniacal matter was thus given out, which in decomposing gave out nitrogen; the nitrogen attracted oxygen from the air, and formed a nitric acid, which, by mixing with the lime, formed nitrate of lime, from which nitre was afterwards obtained by mixture with subcarbonate of potash. This mode of obtaining nitre was resorted to in France, with great success, during the revolutionary war, when the French were excluded from the other sources of obtaining it.

The solubility of this, and of almost all other salts in water, is variously stated by different chemical writers; and there are many difficulties which tend to prevent our determining the point. I believe that it is soluble in about four parts of cold water, and in rather more than half its weight of boiling water. Although, as I have stated, nitre is composed of 54 nitric acid and 48 potash, yet the ultimate elements of nitric acid are 14 nitrogen and 40 oxygen; so that the ultimate elements of nitre are 40 parts of potassium, 14 of nitrogen, and 48 of oxygen, because, as you will recollect, potash is composed of 40 potassium and 8 oxygen; and, therefore, substituting chlorine or iodine for nitrogen, you will see a strong analogy between the nitrate and the chlorate and iodate of potash, as they all contain a large quantity of oxygen in the solid or condensed state.

When you heat nitre, the salt undergoes a series of changes, which I may briefly describe. When heated to a point below a red heat, it fuses and congeals into a white mass, in which state it is usually cased in moulds of various forms, and called *sal prunella*, because, I believe, it was formerly customary to tinge it of the colour of some plum. If you heat it above this point it gives out a quantity of oxygen, but the salt remains a neutral, being converted into a nitrate of potash. If you then go on exposing it to heat, the nitrous acid is decomposed, torrents of oxygen gas come off, and there remains a quantity of peroxide of potassium, as Mr. Phillips has recently stated. Now, in consequence of the great quantity of oxygen this salt gives out, it is used in the laboratory to obtain oxygen, which is sufficiently pure for ordinary purposes. If you mix it with charcoal, and then expose it to heat, a very intense and rapid decomposition of the salt is effected, and the results are carbonic acid, nitrogen, and subcarbonate of potash. Here is a crucible in which charcoal is mixed with nitre; we shall put it into the furnace, and you will find that a carbonate of potash will be formed, which was formerly called *nitrum fixum*, in the old chemical books.

Nitre is a great supporter of combustion. Here, for example, is some phosphorus, which we shall ignite, and place on some nitre; the phosphorus decomposes the nitre, and phosphoric acid will be formed, which will unite with the potash, and form phosphate of potash. In the same way a great many of the metals may be burned with nitre, and therefore it is used in the laboratory as an oxidizer of the metals. The action of sulphuric acid upon nitre has been already adverted to in describing the distillation of nitric acid. You will now, I trust, understand how it is that nitre becomes such a powerful oxidizer, on account of its containing such a large quantity of oxygen in a condensed state; you will see why it is capable of supporting combustion in a number of instances, and that very powerfully, confining oxygen upon substances with great energy.

There is one application of nitre of considerable importance, namely, in the *manufacture of gunpowder*, with a description of which I shall detain you a few minutes beyond our usual time this morning.

Gunpowder is a compound of sulphur, nitre, and charcoal, very intimately mixed in various proportions, according as it may be the object to obtain a fine or coarse powder. You will see from this table the relative quantities employed in the manufacture of the powder:

	Common.	Fine Shooting.	Shooting.	Miners'.
Saltpetre ..	75.0	78	76	65
Charcoal ..	12.5	12	15	15
Sulphur ..	12.5	10	9	20

If you take the trouble to calculate these proportions, you will find that the oxygen in the saltpetre is in greater quantity than is necessary for the combustion of the charcoal; but it is found to be necessary for the rapid production of the gaseous matter resulting from the action of the combustibles upon the nitre, on which the excellence of the powder depends. The perfection of the powder depends, in a great measure, upon the intimate mixture of its component parts; and, in the first place, it is an object to obtain as perfect a charcoal as possible. For this purpose, wood is distilled in iron cylinders. The sulphur employed is the native sulphur, in a state of very fine powder; the nitre ought

also to be as pure as possible, and well purified from any deliquescent salts. These different ingredients having been mixed together in proper proportions, are placed between the vertical stones of a mill, for the purpose of being rubbed together until the mixture is perfect; the nitre and sulphur are first rubbed together in a distinct mill, and then the charcoal is afterwards added; and as they are all ground together with moisture, the whole mass gets into a cake. It is then dried and broken up into small pieces, and placed upon sieves, which lie upon a horizontal wheel, which, by its revolution, keeps the sieves in perpetual agitation; and in the sieves are two or three boles of lignum vitæ wood, to assist the reduction of the particles of powder; and when the process is finished, the powder is said to be *grained*. It is then dried, a process which you may well imagine to be attended with a great deal of risk, especially when stoves were used: now steam is employed for that purpose. The powder is afterwards polished, or *glazed*, as it is called; to accomplish which, the particles are kept in rapid motion, and by rubbing together the grains, acquire various degrees of fineness and polish, according to the purpose for which the powder is intended.

Now of course gunpowder, in consequence of containing so large a quantity of oxygen, will burn out of the contact of air, and the result of the combustion is the sudden extrication of a great quantity of gaseous matter; and what this gaseous matter must be, chemistry will teach you. There will be carbonic acid and nitrogen elaborated in considerable quantity; sulphurous acid, a small quantity of carbonic oxide, sulphuretted hydrogen, and water, will also be formed. The great superiority of the powder will depend upon the sudden extrication of the gaseous bodies: if you increase the quantity of the sulphur, you diminish the rapidity of the combustion, whilst you increase the strength of it; and, therefore, you see, that in the powder manufacture for mining purposes, this is provided. But we have not time to describe the whole of the results of these combinations. It appears, then, that the results of the combustion of powder are very complicated, differing in their relative proportions according to the relative quantities of the materials employed, the heat produced by the combustion, and so on. I have one remark more to offer, which is, that it appears capable of explosion by a very violent and sudden blow, and that, independent of any matters which may be considered capable of acting upon it mechanically. A very violent blow will ignite gunpowder, and it does sometimes happen that powder is ignited in this way accidentally, by coming into contact with certain parts of the machinery, where it is subjected to violent friction.

There is another compound in which nitre is concerned, which has been called *fulminating powder*. It consists of three parts nitre, two of dry carbonate of potash, and one of sulphur; and, if gently heated, it detonates with considerable force. In this compound it would appear, that the use of the carbonate of potash is, to keep down the sulphur until, at the high temperature to which the sulphur is thus submitted, it acts upon and decomposes the nitre to produce the explosion.

This brings us to the *sulphate of potash*, which will be considered in the next Lecture.

FOREIGN DEPARTMENT.

OSSIFICATION OF THE SEPTUM OF THE CORPORA CAVERNOSA OF THE PENIS.

An interesting case lately occurred to Dr. M'Clellan. A gentleman, 52 years of age, applied to him with incurvation of the penis upwards, which was apparently produced by a contraction and induration of the *vena ipsius penis*. The distortion was so great as to render micturition extremely painful and difficult, at the same time that it prevented all sexual intercourse. Dr. M'Clellan first divided the indurated vein, which presented the appearance of a ligament; in consequence of which the curvature was considerably diminished, and micturition improved. In the course of a few days afterwards, however, the patient returned and begged to have something further done for the relief of his other functions. On a careful examination, Dr. M'Clellan found that the septum of the corpora carvernosa was quite ossified, so as to present the feeling of a long narrow bone within the substance of the penis. The organ was also peculiarly excitable, so that the slightest handling produced an immediate erection, in which state it assumed the form of a semicircular bow, with the concavity upwards. An incision was made along the whole length of the dorsum of the penis, and the indurated mass dissected out entire, by carrying the knife on each side of it, down to the very back part of the corpus spongiosum urethræ. The ossified substance was so hard as to grate audibly against the knife, the edge of which was entirely destroyed by the operation. A copious hæmorrhage ensued, which was soon checked, however, by the sponge and cold water. The skin was brought together by two interrupted sutures, and covered with a light compress and bandage. The preter-

natural curvature of the organ was not only removed by this operation, but a slight inclination towards the opposite direction was produced. It may be observed, therefore, that in the above proceeding, Dr. M'Clellan has imitated the common veterinary operation *of nicking a horse.—Philadelphia Journal of Medicine and Surgery.*

LIGATURE OF THE CAROTID ARTERY. BY DR. M'CLELLAN.

We have, within a few days, witnessed a very interesting operation by Dr. M'Clellan, which consisted in the ligature of the right carotid artery in a child aged but *seven months*. The circumstance demanding the operation was the existence of a frightful aneurism by anastomosis, occupying almost entirely the right side of the face. The nucleus of the diseased structure appeared to have been a nævus maternus, which, after birth, had increased with astonishing rapidity. The tumour was of a bright florid complexion, and evidently consisted almost entirely of blood. It partly closed the right eye, distorted the mouth, and overlapped the nose.

The neck of the child was short and fleshy. Dr. M'Clellan made his external incision rather higher in the neck than usual, and entirely above the omo-hyoid muscle. The laminæ of cellular tissue were carefully and successively divided until the artery and the vein were exposed. At this stage of the operation the Doctor realized the difficulty described by Sir Astley Cooper as arising from the swelling of the vein, and the protrusion of it before the artery. The blood strongly ebbed and flowed in this organ in correspondence with the respiratory efforts, and the operator experienced much difficulty in avoiding it and withdrawing, by means of the aneurism needle, the artery from beneath it. This, however, was at length very adroitly accomplished, and the ligature applied, without the occurrence of any untoward circumstance.

Soon after the application of the ligature, the tumour was observed to become less tense and more pale, and the pulsation, which before was vigorous, on that side of the face entirely ceased. Some degree of constitutional irritation and restlessness resulted, but on the fourth day had completely subsided; and the operation now promises to be attended with a very favourable result.—We shall report its final effects.

This is the fourth instance in which, within a year, Dr. M'Clellan has had occasion to secure the carotid artery. These operations have, for the most part, been attended with the happiest results—and none of them with any unfavourable circumstance.—*Ibid.*

WESTMINSTER MEDICAL SOCIETY.

Saturday, February 9, 1828.

Mr. Arnott, in the Chair.

This evening Mr. North related two cases of hæmatemesis, which proved fatal under circumstances that are not generally supposed to indicate danger.

The first instance was that of a young and healthy female, whose menses had been suppressed for several months, and who had suffered much mental anxiety; she complained of great oppression at the precordia, with headach and slight febrile exacerbations towards the evening. Having continued thus slightly indisposed for a few days, she suddenly ejected from the stomach a large quantity of grumous blood, by which all her previous symptoms were relieved, and she became apparently in good health. In a few days, however, the same set of symptoms returned, and they were again speedily removed by a second vomiting of blood. The health of the patient being unimpaired, Mr. North was induced to give a favourable opinion with respect to the termination of the case, and "one of the first physicians in the metropolis," who saw the patient at this time, also coincided with Mr. North's prognosis, the discharge by the mouth being regarded as a means of relief adopted by nature in the absence of menstruation, and this opinion was strengthened by the fact of relief having been afforded by each evacuation; "but the first physician in the metropolis," and Mr. North, had not, however, left the patient's house more than half an hour, when she threw up a large quantity of dark grumous, and partly coagulated blood, and died in the space of five minutes.

Mr. North briefly related another case of hæmatemesis, in which a favourable opinion had been given, but which terminated suddenly in the death of the patient.

The inference which Mr. North drew from these cases was, the necessity of caution in giving an opinion as to the result of cases of hæmatemesis, although the discharges might appear to be salutary and the patient in good health. He said that he had consulted various authors, and he was not aware that any instances were recorded in which sudden death had occurred under circumstances similar to those he had related. The appearances found upon dissection, Mr. North considered as confirmatory of the doctrine of Bichat, that the hæmorrhage results from a general exhalation of the capillaries, and not from the lesion of a blood vessel. The whole mucous membrane of the alimentary canal being dark coloured, soft, and pulpy; and when this layer

of apparently coagulated blood was scraped off, innumerable red specks were visible throughout, which were regarded as the exhalent orifices, loaded with blood. No other morbid appearances were observed.

The debate which ensued was of so promiscuous a character that we can only give an outline thereof. In the first place, with respect to *prognosis*, it was contended, that vomiting of blood is *always* to be regarded as of a dangerous nature, whether vicarious or otherwise; and, in support of this opinion, the authority of Chomel was quoted by Dr. Barry. Dr. Johnson and Dr. Copland argued, that the conjunction of dark-coloured, or "melanoid," stools, with hæmatemesis, was to be regarded as an unfavourable sign. In reply to the opinion of Chomel, as quoted by Dr. Barry, Mr. North adduced the opinions of various writers, Pinel, &c., which go to affirm, that, as a general rule, if vomiting of blood takes place in a young and otherwise healthy subject, and the repetition of the discharge gives rise to no debility, then we have no danger to apprehend; and more especially if the discharge of blood be vicarious of some suppressed and accustomed evacuation. As regards the "melanoid" stools, it was remarked, that the colour is a mere adventitious circumstance, dependent upon blood passing downwards and mixing with the excrementitial residue. But, again, it was said, that "melanoid" evacuations are widely different from stools in which blood is simply commingled.

In reference to the *anatomical characters* of the disease, there was, in addition to the evidence of Mr. North's dissection, two cases related by Dr. Ayre, and two by Mr. Calvert, of recent occurrence, in the Middlesex Hospital. In Dr. Ayre's cases, the liver and spleen were (to use his expression) "blanched," and presented no other appearance of disease; in the cases related by Mr. Calvert, with one patient the spleen was three times its natural size, the liver hard and granulated, and the intestines full of blood. The stomach, in the second case, contained no blood; the liver was indurated, and there was a considerable quantity of dark-coloured serum in the abdomen.

As regards the *treatment*, Dr. Barry expressed himself warmly in favour of the "doctrine of determination," and with this view recommended the application of leeches to the anus.* Dr. Johnson spoke of three cases, in which emetics were beneficially employed!—the sulphate of zinc, in one case; and this medicine, Dr. Copland thought, might have proved useful by constringing the coats of the stomach. In case of "melanoid" stools, Dr. Ayre observed, he had found benefit from the exhibition of calomel purges; and, *he* believed, that in such cases, the dark matter proceeded from the liver; that, owing to some obstruction, or congestion, in that viscus, it became loaded with black blood, which was forced into the biliary ducts, and, by them, conveyed into the intestines. Dr. Ayre was sharply handled, in respect to the actual proof of the dark matter in cases of "*melæna*," issuing from the liver; and also, in respect to his assuming that the theory was his own. It was observed, by Dr. G. Gregory, that the term "hepatirrhœra," had very long ago been applied to this disease, by Sauvages, and other writers.

[The discussion, certainly, was one of the most interesting, and the best supported, of any that have transpired during the present season; and we hope that the example set by Mr. North, in the brief and perspicuous manner of relating his cases, will be generally followed. It has been too much the fashion of late, at this Society, for the members to preface the relation of cases with a *peroration* of half an hour's length, in which either mawkish attempts at rounding periods have been essayed, or, the most common-place twaddle has been issued.—Mr. North made some very pointed allusions, as an old member of the Society, on this novel mode of occupying the time of the meeting.

* There was here some good-tempered quizzing on this mode of treatment, it being designated as "*anile*" practice, whilst Dr. Barry, in reply, contended that it was "*fundamentally*" correct.

LONDON MEDICAL SOCIETY.

Monday, February 11, 1828.

Dr. Haslam, President, in the Chair.

Nearly the whole of this evening was occupied by the subject of transfusion, ushered in by Mr. Waller, in reference to some observations made at the last meeting on the danger of the operation.

It had been asserted, that transfusion had proved unsuccessful in the hands of Dr. Blundell, but Mr. Waller observed, that only in one case had such an event occurred, and this with a lady at Lewisham, who lived upwards of a week after the operation, and whose death could by no means be referred to it.

The grounds of opposition to this measure were simply these—that it was not *proved* that the patients on whom the operation had been performed would not otherwise have recovered; and many extreme cases of collapse from uterine hæmorrhage were al-

luded to, which got well under ordinary means. In reply, it was well observed, that it is absurd to ask for *demonstrative proof*, for the same objections might be raised against every remedial measure. It might be said, in cases where inflammation is evidently cured by blood-letting, that the patient would have survived without this means.

At the conclusion of the evening, Mr. Kingdon requested the information of the members on the treatment of a case of eruptive disease of the leg at present under his care, and which had hitherto obstinately resisted the various means employed. The patient is a stout lady, 50 years of age, and has this most remarkable idiosyncrasy—that every kind of *vegetable*, except a mealy potatoe, produces the most distressing dyspepsia; even vegetable infusions have this effect. The local disease consists in an erythematous state of the leg, from the foot upwards, the cuticle being entirely denuded, and there being a constant exudation of acrid serum.

The employment of *yellow wash* (a solution of oxymuriate of mercury in lime water) was recommended on the ground of experience in its utility.

MEDICO-CHIRURGICAL SOCIETY,

February 12, 1828.

B. Travers, Esq., President, in the Chair.

The Chairman informed the Society, that he had been disappointed of a paper from Mr. Brodie, on a highly interesting subject, viz. injuries to the head, Mr. Brodie being indisposed; he hoped, however, that at the next meeting the paper would be ready.

A letter from Dr. Dobson, of Greenwich, to Mr. Lawrence, in answer to some questions respecting the practice of making punctures in erysipelas, was then read to the Society.

Dr. Dobson stated the reasons which first induced him to resort to puncture in the treatment of erysipelas, and the great success with which the treatment had been attended. In several hundred cases punctures had been used with an almost uniformly good result, this mode having failed in two cases only. Dr. Dobson makes a puncture from one-tenth to one-eighth of an inch (varying, however, both in size and depth, according to the nature of the part attacked) in all cases of erysipelas, whether simple, phegmonous, or traumatic, Dr. Dobson accompanies this practice with the use of purgatives and diaphoretics, and sometimes stimulants, but considers the advantage derived from the local treatment, of the highest importance.

Mr. Earle said, that not having been present at the former meetings of the Society, when the subject of erysipelas was so fully discussed, he might probably enter on ground which had already been trodden, but he hoped the statement he had just made, would be considered as a sufficient apology, if he touched on topics already considered. Although he had no positive evidence, *pro* or *con*, the plan of treatment recommended by Dr. Dobson, still there was one assertion in the paper just read, which he could not allow to pass unnoticed. Dr. Dobson had stated, (he believed,) that in all kinds of erysipelas, the practice of puncturing was applicable, and with him had been successful. Now he was certain, from the observation of a great number of cases of erysipelas, which had come under his care at the hospital, that erysipelas was consequent on constitutional disturbance, the removal of which was alone sufficient to put a stop to erysipelas. He found the purging system extremely beneficial in many cases, and alone sufficient to remove the complaint; he generally gave a combination of tartar emetic and calomel, (a grain of the former to five grains of the latter,) followed by the common senna purge of the hospital; he could not help thinking, that a plan of treatment so purely local as that of Dr. Dobson, must fail in cases where the complaint was dependent on disorder of the digestive organs.

Dr. Johnson concurred entirely in what had fallen from Mr. Earle on the connexion of erysipelas with constitutional derangement; in fact, he believed that in nine cases out of ten, the development of erysipelas was preceded by fever, and a state of the system indicating derangement of the secretions on which erysipelas supervened. He was afraid, from what had been recently said on erysipelas, that the attention of the young surgeon would be diverted from the constitutional treatment of the complaint, and that he would be induced to look on it too often merely as a local disease. He approved of incisions, punctures, or the application of leeches, as local auxiliaries in the treatment of erysipelas, but in the great majority of cases, the complaint is not solely local, but dependent on constitutional causes, and requiring constitutional treatment.

Mr. Lloyd observed, that from the opinions which were entertained in the school where he was educated, he was biassed in favour of the connexion between local complaints and constitutional causes, and, consequently, the dependence of erysipelas on derangement of the general health; but he had seen many cases where the complaint was local, and only admitted of relief and cure by local measures. Since the practice of Dr. Dobson was introduced to the notice of the Society by Dr. Babington, he had

tried it in some cases with the best results not only in erysipelas, but in other cases, as in old ulcers of the legs. [Mr. Lloyd then detailed, with considerable clearness, four cases, two of erysipelas, and two of ulcers of the leg, in which the practice of Dr. Dobson was completely successful.]

Mr. ALCOCK said, that the practice of treating ulcers by incision, so far from being new, was known to Ambrose Paré, and was at the present time very generally adopted by M. Lisfranc at La Pitié in Paris.

Mr. EARLE and Mr. LLOYD explained.

Mr. LAWRENCE said, that since the subject of the treatment of erysipelas was discussed within these walls, a case had fallen under his notice, which would be particularly interesting to medical men, as they were the sufferers from the complaint to which he alluded, viz. punctures from dissection. Dr. Dill, the house surgeon of the Fever Hospital, in opening the body of a female who had died of peritonitis, (and he was particular in mentioning the complaint, as it was observed, that punctures received in the examination of cases of this nature, were frequently followed by the worst consequences,) injured the back of the hand. On the following day the part was red and swollen, and there was also a tension or tightness of the hand, and the glands in the axilla were enlarged. An incision was made, by Dr. Dill's own wish, into the part, by which a small artery was divided; a good deal of blood was lost, but the relief to the part was almost immediate. Mr. Lawrence saw the case two days after the accident, when the skin of the part was beginning to recover its healthy appearance, and the swelling of the hand, as well as of the glands, had subsided. He believed Dr. Tweedie was in the room, who saw the case sooner after the injury than he did, and who would state any particular which he might have omitted.

Dr. TWEEDIE observed, that the case had been accurately detailed by Mr. Lawrence; there was only one point of the treatment omitted, viz. that after the incision had been made, the part was well leeched and fomented.

Mr. TRAVERS inquired, what was the nature of the injury, and whether a pustule had made its appearance in the part affected.

Dr. TWEEDIE replied, that it was not certain whether the part was lacerated by the edge of one of the ribs, or whether there was a small abraded surface on the back of the hand at the time the gentleman made the examination. A distinct pustule had made its appearance before the incision was made

Dr. GREGORY, who had also seen the case, confirmed Mr. Lawrence's and Dr. Tweedie's account of it.

The Society then adjourned.

GUY'S HOSPITAL.

FATAL TERMINATION OF MR. B. COOPER'S CASE OF AXILLARY ANEURISM.

The patient on whom Mr. B. Cooper performed the operation of tying the subclavian artery, as recorded in the 224th Number of this Journal, has, at length, sunk under repeated hæmorrhages. The operation was performed on the 4th of December, under the clearest prospects of success, but suppuration ensued in the sac, and subsequently, the fatal bleedings took place, which terminated existence on the 8th of February.

The parts are now under a careful process of dissection, and therefore, we cannot speak of the immediate cause of hæmorrhage; but, when the examination is completed, we shall enter into a full statement and consideration of this case.

ERUPTIVE DISEASE OF THE FOREHEAD, ASSUMING A PHAGADENIC CHARACTER, AND TERMINATING FATALLY.

THE following case is entitled in Mr. Morgan's book—*Phagædenic Herpes.*

J. D. ætat. 26, of spare habit and cachectic appearance, was admitted into Luke's Ward on the 31st of October, under the care of Mr. Morgan. He said that he had been affected with cough, dyspnœa, and occasional pain at the chest, for upwards of twelve months; that, about half a year previously to admission, some pills were administered, which caused ptyalism, and three years before, he had taken mercury for several weeks, on account of a sore on the glans penis.

The forehead was partly covered with an herpetic eruption, and there was a blush of dark-coloured inflammation to some extent around. The disease made its appearance about ten days before admission: on the arm was a puffy swelling, evidently containing fluid, but the integument was free from discolouration, and there had been no pain felt at this part. The man had frequent cough, with glairy expectoration, and was very much debilitated.

Pills of conium, with ipecacuanha, were prescribed, and the dilute sulpuric acid, with the infusion of cascarilla; full diet. The abscess was opened, and a small quantity of ill-conditioned pus discharged.

On the 3d of November, the eruption on the forehead had greatly extended, and the dilute nitric acid lotion was directed as a topical application. Three grains of the sulphate of quinine were ordered to be taken

three times a day, in addition to the former medicines.

A report on the 10th states, that the eruption at that time occupied more than half the forehead, but on the 17th it had spread so much, as to extend from the coronal suture to the upper eyelids, which were much swollen. The vital powers too, were now evidently flagging.

From the 17th to the 29th, when the patient died, no important change took place; the whole eruptive surface had a sloughy appearance, with a thin offensive discharge; the eyes had become closed from tumefaction, and the poor fellow was, eventually, a miserable object. Brandy and wine, and other active stimulants, were freely employed, but in vain: a short time before death, he became delirious and exceedingly restless.

The body was inspected about twelve hours after death, when it was found that the fore part of the cranium was deprived of its proper covering, to some extent, the bone being, in some parts, rough. Examining the inner surface of the skull, a projection of about the size of a pea was observed near to the vertex, and within a short distance of this point was a large sulcus, in which a vein was passing, and the bone here was so thin as almost to be transparent. There was copious serous effusion beneath the arachnoid, and also in the ventricles, the plexus choroides being blanched.

In the thorax, there were old adhesions of the pleuræ, an abscess of considerable size, with a distinct cyst in the upper part of the right lung; other small collections of pus, and appearances of tuberculous matter in various parts of the pulmonic substance.

OPERATIONS.

Lithotomy, by Mr. Key.—This operation was performed on Tuesday last; the patient, a child about three years and a half old. The calculus was of the size of a marble, flattened; and there were no particular circumstances attendant upon the operation, which was effected with facility throughout all its steps.

Removal of a Tumour from the Arm.—This was performed by Mr. Morgan; the patient was a middle-aged woman, and it was a firm tumour attached to the tendinous expansion on the outer side of the humerus, at a short distance above the condyle.

Ectropium of the upper Lid.—In this case where the eversion of the lid was dependent upon a contraction of the skin of the lid, (a consequence of former disease) the thickened tunica conjunctiva was first removed, then the cicatrix was cut through, and, lastly, a triangular portion of the cartilage was removed. The operation was performed by Mr. Morgan.

ST. GEORGE'S HOSPITAL.

CASE OF SEVERE COMPOUND FRACTURE OF THE THIGH, ENDING FATALLY FROM GANGRENE.

J. H., a muscular young man, about twenty-five years of age, was admitted into this Hospital, under the care of Mr. Rose, on Saturday evening, Jan. 26th, with a compound fracture of the left thigh, occasioned by a woolsack having fallen upon him.

The accident happened about an hour and a half previously to his admission, and on his way to the Hospital, he lost an alarming quantity of blood. On examination, the femur was found to be exceedingly comminuted about three inches above the condyles; it was also discovered that the fracture extended into the knee-joint. The integuments were wounded just over the site of the fracture, but the bone did not protrude. He was very much exhausted when admitted. The limb was placed on the inclined plane; the wound was dressed simply, and *a tailed bandage applied;* cold lotion was ordered to be constantly applied to the thigh, and ice occasionally.

27. The man has had a very restless night; the bowels are costive; tongue dry; and he complains of great thirst; his pulse is 90, and more expanded. The thigh is considerably swollen. He was bled to eight ounces, after which the pulse rose to 100. Ten o'clock, P.M., is still very thirsty; the tongue continues dry, and the bowels have not yet been moved; the thigh is very hot and tense; he was bled to eight ounces when syncope came on, and he was directed to take a senna draught every three hours until the bowels were moved. The cold lotion to be continued to the thigh.

28. Noon. The bowels have been moved, and he has had a quiet night; the pulse is 120; he complains of a good deal of pain in the thigh; the heat and tension of which still continue; ordered to continne the lotion.

10 P.M. The man has been very restless and incoherent. The countenance is pale, the tongue dry, and there is an emphysematous feel about the thigh; the left foot is very cold, and was wrapped in flannel: he was ordered to take thirty minims of Battley's nostrum, and the like quantity of compound spirit of æther, in camphor julep.

29. Two P.M. Has had some sleep since three o'clock this morning; the pulse 125, and regular, but weak; the inside of the leg, as high as the calf, is discoloured, and there is a large purple vesication on it.

11 P.M. The mortification has extended to the knee, and there are several vesica-

tions on the outside of the leg, the pulse is 140; he is now quite free from pain, and has had some sleep.

30. One P.M. The countenance is yellow; the pulse is 130, and intermits occasionally; he has hiccup, and has vomited bilious matter. The thigh is discoloured in patches, as high as the groin.

Vesp. The discoloration has now reached the ilium. The emphysema has extended up the left side of the abdomen, which is very tense and tender.

31. The poor man expired this morning at two A.M., being quite sensible to the last.

It was surmised, from the circumstance of profuse hæmorrhage having occurred as a consequence of the accident, as well as from the mortification ensuing, that a lesion of the great blood-vessels had taken place. But we learn that upon a post-mortem examination of the limb, there was no such injury to be detected.

ST. BARTHOLOMEW'S HOSPITAL.

SEVERE INJURY TO THE HEAD.

William Deacon, aged 30, was admitted into Harley's Ward, Jan. 23, under the care of Mr. Earle. He had fallen from a cart on his head, and had received a contused wound of the scalp, over the upper part of the left parietal bone. He was taken up insensible, and about twenty minutes after the accident was bled, when he became more sensible, and answered questions. When brought to the hospital, he was very comatose, and did not answer any questions, although he appeared sensible of what was said and done to him. His breathing was natural; pulse regular, and rather feeble. In a few hours his pulse rose, and became full and hard; he was bled to thirty ounces, and a dose of calomel and jalap administered. His head was shaved, and cold cloths constantly applied.

In the evening, his pulse again becoming full and hard, twenty ounces of blood were taken from the temporal artery.

24. He had slept but little during the night; at times he was very restless, and endeavoured to get out of bed. This morning he appeared more sensible, and put out his tongue when desired; his pulse was full and hard, and his skin hot. Venesection ad ℥xiv.

25. Was, at times, very restless; pulse frequent, full, and hard; skin hot and dry; convulsive motions of the right side of the face, and of the right arm and hand, were now observed; these attacked him in paroxysms, and at short intervals. He was cupped to sixteen ounces from the temples, and a blister was applied to the nape of the neck.

26. The convulsive paroxysms of the face and arm were more frequent; his pupils were slightly dilated, but contracted freely on exposure to light; respiration not difficult nor stertorous; pulse 130, and sharp; he passed his fæces involuntarily.

Mr. Earle was of opinion that these symptoms were attributable to pressure on the brain, and arose from the presence of matter between the cranium and dura mater; and after having examined the wound, which was in a sloughy state, with a portion of bone, about an inch in extent, denuded; he proposed the operation of trephine; this was acceded to by Mr. Vincent and Mr. Stanley; but Mr. Lawrence, who saw the patient shortly afterwards, was decidedly averse to it. The wound of the scalp, however, was enlarged, and the trephine applied. On sawing through the bone, considerable bleeding took place from it; there was effusion beneath the bone, and the dura mater was found perfectly healthy; the brain did not pulsate. In the evening he became very restless; the convulsive motions of the arm and face were somewhat diminished, but the muscles of the tongue were spasmodically affected. His pulse was frequent and hard. Venesection ad ℥vi.

27. Was very restless until two o'clock this morning, when he became more quiet, and had some sleep; the convulsive paroxysms were less frequent, and he was more sensible, though not able to make replies to questions. His pulse was frequent and feeble. Towards the evening he had delirium; his pulse became more feeble, respiration hurried; extremities cold. He died at two o'clock on the following morning.

Examination, eight hours after death.

On removing the dura mater, about an ounce of coagulated blood was found on the superior part of the left hemisphere of the brain, and nearly opposite to the perforation which had been made in the skull; the brain was somewhat flattened in this situation; the dura mater appeared healthy. The anterior inferior angle of the left parietal bone was fractured, and at the corresponding part of the brain blood was effused into its substance, and formed with it a dark coloured pulpy mass about the size of a walnut; the surrounding cerebral substance was softened. The pia mater was very vascular, and thickened; no serous effusion beneath the arachnoid, nor increased quantity in the ventricle.

THE LANCET.

London, Saturday, February 16, 1828.

THE public have heard a great deal of late of the disturbed state of the medical profession; or, perhaps it would be more correct to say, that frequent attempts have recently been made to persuade a small portion of the public, that the medical profession is in a disturbed state; for the intelligence has been conveyed through too narrow a channel to become matter of notoriety. The truth is, that these complaints of the agitated state of our profession, are founded, not in delusion, but in an attempt to delude. The great body of the profession was never more tranquil, never better satisfied with the state of public feeling, as regards medical interests; never more strongly assured that a change is at hand, which, while it will guarantee the public safety, will restore independence and respectability to medical practitioners, than it is at the present moment. The *prestige* of distinguished names is at an end. The public demand other securities for the ability of medical practitioners, besides those which are furnished by the possession of office, obtained, avowedly, in many instances, through the influence of corruption, or by the written certificates, or oral testimony of men, whose interest it is to perpetuate a corrupt system. We will put it to any man who knows what the state of the medical profession was *four years ago*; that is to say, who knows what the state of the profession was, when there was no free medical press; and when the thing called a medical press was under the conduct and control of a few imbecile, corrupt, and benighted possessors of Scotch diplomas—we will ask any, and every man, who possesses this information, what, at that time, would have been the issue of a trial, in which damages might have been sought to be recovered against a *hospital* surgeon, on the ground of professional ignorance, and in which six hospital surgeons, of undoubted, because, *at that time, unquestioned*, ability and integrity, might have borne concurrent testimony to the groundlessness of the imputation? Would any individual, *at that time*, have had the smallest chance of recovering damages under such circumstances, against the united testimony of six hospital surgeons, with Sir A. Cooper and Mr. Abernethy at their head? What has produced this change in the state of public feeling with regard to the medical profession, of which state of feeling there can be no surer criterion than the delivery of honest, uncompromising verdicts, in direct opposition to what would once have been considered the best medical authority? It is a *free medical press* which has produced this change; it is the influence of the "reptile press," as this mighty engine has been designated by Sir A. Cooper, with his wonted philosophical acumen, which has wrought this change in the state of public feeling. The public know that hospital surgeons are, in general, indebted for their situations, not to superior ability, but to corrupt influence; and we find, accordingly, that juries set a certain value upon the testimony of hospital surgeons, who come down in shoals to a court of justice to give evidence, calculated to screen a brother corruptionist from the consequences of his unskilfulness. We do not, nor did the jury in the case to which we allude, suppose these hospital surgeons capable of wilfully perverting the truth; but we believe, and the jury, we doubt not, believed, that the interests of those surgeons are so bound up and connected with a corrupt system, that they were incapable of giving unbiassed evidence, and of forming a fair estimate of the merits of the case.

We regret that we have no space this week to give a full report of one of the most important causes, with reference to medical interests, that has occurred for many years

in a court of justice. The outline of the case is briefly this :—

An action was brought in the Common Pleas on Wednesday last, by a gentleman named Rolfe, against Mr. Stanley, one of the surgeons of St. Bartholomew's Hospital, to recover damages for alleged neglect and want of skill, in the treatment of an injury to the knee-joint. It appears, from the evidence, that the defendant mistook a piece of flint under the integuments, for a portion of fractured patella; the piece of flint is of rather a curious shape, and we will endeavour next week, by means of an engraving, to give our readers an idea of its dimensions and general appearance. Being fully persuaded that the piece of flint was a portion of fractured bone, Mr. Stanley applied bandages and splints to the joint. The flint was retained in the joint for a period of nearly eleven months, the patient suffering great agony during the whole of that time, when it was extracted by one of those despised and degraded individuals, belonging to a body which has been held up to public contempt, by hospital surgeons and Aberdeen doctors, as a subordinate department of the profession. On the part of the plaintiff, the only evidence adduced was that of his father, and two general practitioners, Mr. Gurman and Mr. Lilly; while, on that of the defendant, there was an array of Bats, such as was never before seen congregated in a court of justice, for the purpose of mystifying and overshadowing the understanding of twelve honest jurymen. Against the irresistible evidence of facts, the testimony of Sir A. Cooper, Abernethy, C. Bell, Green, Brodie, and Travers, weighed as dust in the balance. The jury returned a verdict for the plaintiff, damages 30*l*. Again, we say, the *prestige* of distinguished names is at an end; a free press has annihilated the influence of the Bats and corruptionists, and the period cannot be far distant, at which we may hope to see the profession established upon a basis alike beneficial to the practitioner, and to the public. We shall present the profession with an accurate report of the case, of ROLFE *v.* STANLEY, in our next Number.

THE character of the surgical cock-sparrow for judgment, discrimination of disease, and operative talent, has been sufficiently established by his *singular* operations in the celebrated *singular variety* of hernia, to which we lately called the attention of our readers. If, however, the smallest doubt on these points could still exist in the mind of the most sceptical, the case of trephining, recorded at page 720, would remove it. A country practitioner, of considerable experience, who had walked into St. Bartholomew's on the morning when the operation was performed, in the hope of gleaning some particles of information, by following in the train of those *pure* surgeons who cultivate that celebrated field of science with so much success, saw this patient, witnessed the consultations previous to operating, and was quite astonished at finding that the use of the trephine was proposed in the case. He saw a patient sensible, breathing naturally, with pupils in the natural state, and free motion of the iris, with convulsive twitchings of the right side of the body, rapid and feeble pulse; and he heard Mr. Earle declare that the man's symptoms were those of compression, and required the operation of trepanning! He found Mr. Vincent and Mr. Stanley coinciding in this opinion!! The instruments were sent for; in the mean time Mr. LAWRENCE entered the Ward, and was desired to see the patient. When he had carefully examined the man, our Reporter was very anxious to hear his opinion. Mr. LAWRENCE said he thought the man would certainly die, and that, independently of this, *he could not observe a single indication for the operation.* Mr. Earle, who did not seem to relish this opinion, endeavoured, by various questions, to procure

a statement less decidedly hostile to the measure on which he seemed to have set his mind; but his colleague was very obstinate, and would not allow that trephining could be of any use to a *dying man*. Mr. LLOYD entirely concurred in opinion with Mr. LAWRENCE. Our Reporter, now observing Mr. LAWRENCE leave the Ward, followed by a number of Students, left the patient, concluding that common sense had prevailed, and that the idea of operating would be abandoned. He learned afterwards, to his great astonishment (but he swears that nothing of the cocksparrow's achieving shall ever astonish him again), that this poor dying fellow was actually trepanned; he was not, however, surprised to find that the operation turned out perfectly useless, and that the unfortunate patient quietly escaped from the hands of his surgeon, in just thirty-six hours after he had enjoyed the benefits of his sagacity and skill!! Again, Little Harry, we say, Bravo, Bravo! Proceed thus, and thou wilt soon carve out for thyself a reputation fit for a bat of the first magnitude: thou shalt no longer be a cock-sparrow, but a vampire; the "singular" VAMPIRE BAT of Smithfield.

IN the last fasciculus of Dr. Johnson's Journal, there is a report of the proceedings which took place at the Medico-Chirurgical Society on Tuesday, Jan. 22, containing so many inaccuracies, as to excite the notice and displeasure of the governing body of the Society. On the appearance of the Journal in question, the secretary wrote to inform Dr. Johnson, that the mis-statements contained in his report of the proceedings of the Society, would be brought before the council at their next meeting, so that he might not be taken by surprise when the time of meeting arrived,—Dr. Johnson being himself a member of the council.

Our readers will recollect, that the publication of the reports of this Society was formerly condemned by Dr. Johnson in the most unqualified terms, and now he publishes them in such a manner as to call for the marked disapprobation of several of the leading members of the Society.

It is generally understood, that the Society is favourable to the publication of its reports, in the same way as the reports of other societies and public bodies are given; but it feels indignant, (and naturally too,) when its proceedings are reported not with a view to scientific improvement, but for the indulgence of the reporter's own vanity, by the unfair representation of the opinions of those who may chance to differ from him. The Society has consulted its real interests, in allowing the reports of its proceedings to be published; but, then, in justice to the Society as a body, and its members individually, those reports ought to be given with impartiality and accuracy.

ROYAL COLLEGE OF SURGEONS.

THE STAMMERING ORATION was delivered on Thursday last, by Sir William Blizard. At present, in the way of commentary, we shall merely state that Sir William has reached the age of EIGHTY-EIGHT, and, consequently, the reader will not be surprised to find that the following passage, we know not what else to call it, may be regarded as an accurate specimen of the manner in which the "ORATOR" endeavoured to instruct and amuse his audience.

"The a-a-a-a-na-lo-lo-gy—analogy (suddenly endeavouring to correct himself) eu-eu-eu-lo-lo-lo-gy—eulogy, of such a g-g-g-ni-ni-nius—genius as Hunter, demands a power of e-e-e- expression, and and ac-acquiz acquaintance with his discourses, e-e-e, *et cætera*." The audience manifested much dissatisfaction and impatience. Sir A. Cooper did, indeed, restore good humour on one occasion, by wishing "that all the members might be able to read as well as Sir William, at the age of eighty-eight." Sir Astley should

bear in mind, that an appeal to the compassion of the audience on account of the Orator's senility, is but a lame apology for the degradation of the College, and the disappointment of its members.

The Good Nurse, or Hints on the Management of the Sick and Lying-in Chamber and the Nursery. Second edit. Longman and Co. 1828. 12mo. 387.

That a good nurse is often better than the doctor, is a homely observation, which, like most other homely observations, is founded in experience and good sense. The importance of the duties which devolve on the attendants of the sick did not escape the notice of the father of medicine. His very first aphorism glances at this subject, and he frequently recurs to it; but it is sufficiently obvious, without the authority of Hippocrates, that vigilance and judgment on the part of nurses are fully as essential to the recovery of patients, as skill and attention on the part of medical advisers. We have had tomes of medical disquisition since the days of Hippocrates, which, if they were reduced to their quintessence, would hardly furnish matter for the little volume which is now lying before us; but, though the duties of nurse and physician are of co-ordinate importance, this little volume is almost the first attempt which has been made at conveying any practical information to superintendents of the sick chamber. The "Good Nurse" is the production of a female, who has communicated to the public the results of her experience in a department, with the duties of which she discovers a minute and practical acquaintance. To the more respectable and intelligent class of persons who undertake the management of the sick chamber, this work may be recommended as an excellent manual; and there is, besides, a considerable portion of the book devoted to details connected with the management of the lying-in chamber and of the nursery, which mothers of all classes may consult with advantage. This part of the "Good Nurse" is pregnant with interest and instruction.

Our fair authoress might well have relied on the intrinsic merit of her volume as a passport to public approbation; but she has also thought proper to fortify her pretensions by printing certain recommendatory letters which she has received from the sister of Sir H. Halford, Sir A. Cooper, Dr. Babington, Dr. Paris, &c. Such of our readers as are curious to see these specimens of epistolary panegyric must consult the volume. The public is not wholly unacquainted with Sir A. Cooper's style, as he has had occasion from time to time to address the conductors of the "reptile press." The worthy Baronet is always excellent, as far as "Sir" or "Madam." As to Dr. Paris, he seems to have felt the necessity of addressing the fair writer in his choicest vein of metaphor. There is a passage about "entwining a laurel wreath," which, if the publishers have any sagacity, they will transfer to their advertisements, or to the title-page of the book, with "*judicium Paridis*" for a motto. The "*spretæ injuria formæ*" will do for the engraving, which, whether it be meant for the *beau idéal* of a good nurse, or for the portrait of a living woman, reflects but little credit on the artist. He has produced a sketch, of which the features are not sufficiently in keeping with the gentleness and benevolence which appear to mark the character of the writer.

The minute details in which this work abounds, render it difficult to extract any portion of it, which may give the reader a general notion of its contents. The following passage is from a chapter on the salutary effects of sleep:—

"At any time the patient feels disposed for rest, the most perfect stillness should always prevail; neither should nurse continue moving about, further than to put the

feathered end of a quill through the key-hole, that when this signal appears, no one may attempt opening the door. The room being early closed is important for the patient's settlement to sleep before the night is advanced, as it is considered that the sleep which we enjoy before the morning commences is the most beneficial. Should the patient not be favoured to sleep, restlessness soon gives an inclination to moving about, when nurse should soothe and recommend stillness; but if fever happens to be the disease, then reasoning is quite in vain; no philosophy can resist the impulse to change the position; the desire and hope of cooling the body and limbs, from lessening the surrounding heat, by admitting a portion of air, is quite irresistible. In that case, all that nurse can do, is to use those means which are in her power; first, giving some cooling liquid, such as toast and water, or raspberry-vinegar and water, or lemonade; raising the patient on the pillow after turning it, that it may be more refreshing; sponging the hands and feet with lukewarm water; opening the curtains to admit a greater portion of air; impregnating the surrounding atmosphere with some volatile essence, by means of the reviver,* or disperser; thinning the bed-clothes, as fever is exceedingly accelerated by artificial means, and disease materialy augmented by wrong management. The nurse should be gentle, exercising every possible tenderness while resorting to these salutary attentions. A sympathising word now and then is all that should be said; she should be extremely careful not to discover alarm or impatience. So much depends on her good judgment and kind behaviour, that if she neglect her duty, medicine will not have the same beneficial effect, nor the patient receive the same comforting relief. The heat of the room should be regulated by a thermometer, an important appendage to the sick chamber; as attention to this point is of consequence to the well-being of those afflicted with disease, especially in fevers and nervous cases. Neither can persons either in sickness or health obtain sleep in a room not properly ventilated, and the circulation of the air impeded by beds loaded with drapery and with heavy covering. The air of a room should be frequently changed by means of either the door or window, agreeably to the season of the year. Close and heated rooms cause irritation of the nerves, with the addition of adding to the heat of the blood."—pp. 87-9.

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* A bottle with a perforated silver top, for more conveniently dispersing the volatite spirit.

The following observations apply to the conduct to be pursued towards patients in a state of convalescence.

"As recovery advances, the patient may resume the usual dress, dismissing the costume of the sick chamber; this change gives additional pleasurable feelings. The attention to personal cleanliness is very important: having the body sponged over with either tepid or cold water, (the state both of the weather and the patient must be consulted,) and afterwards having friction used freely, is one among the best of restoratives; it gives a portion of exercise without fatigue, and prepares the frame for one of its most important secretions, by cleansing the surface from any impurity. This operation produces the most animated and delightful feelings, giving vigour to both mind and body. It is to be regretted that the beneficial effects of practising daily ablution are not better understood. Those who have been early accustomed to using water freely on quitting the bed, cannot forego the pleasure it affords; and this plan not only aids in restoring health, but is one of the best means of preserving it. While the invalid remains in a delicate state, a glass of ass's milk will be found salutary. It should be rung for on the patient waking; this restoring draught will enable the convalescent to go through the fatigue of dressing, without suffering from exhaustion. If a patient is much altered, a looking-glass may do harm; that must depend on the state of the mind of the patient; the beautiful might feel mortified, and the timid might feel alarmed. Personal neatness has a peculiarly happy effect on most minds. The Spectator observes, a *letter* will discover signs whether the writer was well-dressed. At a moment when we stand in need of every auxiliary, we should not neglect one of so much importance as that of attention to appear agreeable; nurse must exercise her care, as well as taste, in this business. After the operation of sponging the frame is over, let the under-dress be so often changed as to be delicately clean; when, putting on a dressing-gown, nurse should commence by brushing the hair, using either powder or some fine bran; this cleans and sweetens the hair, which is affected by perspiration; then simply twisting it up, without the present fashion of *padding* the head, let her proceed to clean the mouth, using the scraper for the tongue, brushing the teeth, when the patient should gargle the throat with just a slight dash of vinegar or brandy in the water. This cleanses and gives the feeling of health. When all this business is over, lest the patient should feel fatigued, a clean dimity wrapper put on to breakfast in is to be preferred, as

giving the least trouble; for in doing that which is positively necessary to promote the operations of nature, we must not exhaust. If the person is made clean, and the dress the same, the form of it is of little consequence. Indeed, either a dress much trimmed, or one that requires much care, is improper; for those persons who are in a state of weakness from recent indisposition, a simple dress is the best, also from a recumbent position several times in the course of the day (particularly after meals) being indispensably necessary: rest and indulgence in this situation are important; and in proportion to the exhaustion which has been suffered, in the same ratio must be the rest and indulgence given to the convalescent. As soon as the dressing is completely finished, the patient should move into an adjoining room, where breakfast should be prepared. Dr. Fothergill advised souchong tea made with milk, as a nourishing beverage, and that eaten with dry toast; he considered it was more nourishing, and remained longer in the stomach; when more advanced, a mutton chop, with the fat taken off, lightly broiled, with a small portion of pepper and salt, with a piece of bread only, and one cup of souchong tea, is a most excellent breakfast. The fine lady may venture to take this breakfast without alarm; as instead of its diminishing her delicacy or bloom, it will give her cheek a more interesting tint than all the cosmetics in Delcroix' shop; the bloom and hue of health are far more engaging than any colour we can obtain from art."—pp. 131-3.

Mothers should purchase the book; for there is no woman who deserves the endearing appellation of mother, who will not be interested and instructed by its perusal. The authoress has, moreover, introduced a number of devotional remarks, which reflect great credit upon her piety, but which add rather to the bulk and price, than to the practical value of the volume. Frequent appeals to the Deity, and constant assumptions of the special agency and interposition of Providence, in the ordinary transactions of human life, are never very judicious, and are altogether misplaced in a work of this kind. Philosophically speaking, the fall of a leaf, and of an empire, may, for aught we know of the matter, be events of equal importance, or insignificance, to the great Author of nature; and the application of a blister or a galbanum plaster to the skin of a humble individual, may be as appropriate an occasion for invoking God's blessing, as the anointing of a royal cranium with archiepiscopal oil. But the vulgar are not philosophers; their measure of meanness or magnificence is regulated by the imperfect standard of human associations; and we cannot help reminding the fair authoress, that the cause of piety, which we doubt not she is sincerely desirous of promoting, is rather weakened than advanced, by the habit of associating the name of the Deity with mean and familiar objects, and of invoking his aid and co-operation on light and trivial occasions.

There is a great deal of excellent information to be found in this volume, respecting the duties of wives on becoming mothers, and the care and management of infants and young children, of which no extracts for which we could afford space, would convey an adequate idea.

We had almost forgotten to mention, that the "Good Nurse" is enlivened with a copy of verses, addressed to the authoress, evidently from the pen of that tuneful medical Melibœus, Roderick Macleod, physician and poetaster to the firm of Messrs. Longman and Co. Here they are:—

"The leaves are quite withered
Bestrewed on the ground,
Nature's charms are all vanished by stealth;
A wreath of green bays
Famed Hygeia has found,
To crown her in honour of health."

By the way, we regret to observe, that a single application of THE LANCET to Roderick Macleod's poetry seems to have silenced his Doric reed for ever.

Introductory Lectures to a Course of Anatomy, delivered by the late John Barclay, M.D., with a Memoir of his Life. By GEORGE BALLINGALL, M.D., &c. Edinburgh, 1827. p. 169.

THOUGH ranking subordinate to many kinds of writing, there are few of them which re-

quire more judgment, and talent of a peculiar cast for their successful execution, than biography, which imposes on its author the double obligation of attending to his own reputation, and that of his subject; neither of which, perhaps, would have been injured by the omission of that portion of the present volume, designed for a memoir of Dr. Barclay's life. It is not enough that the events in an individual's life, from the baptismal registry to the epitaph, are faithfully detailed; they must be narrated in the spirit of the original, and accompanied by sentiments commensurate with, and congenial to, their nature and importance. We must be admitted by the key of appropriate description into his society, be made acquainted with his habits of thought and action, see him in his public and private character, in his studious and social hours, and have his weaknesses as well as his greatness placed before us, in order to enjoy the charm and profit by the moral, which personal history, when competently drawn, never fails to present to the reader. Besides ability for characteristic delineation in the writer of this species of composition, incidents of sufficient importance to command attention are essential to its perfection; but which are generally wanting in the calm career of the professors and practitioners of the healing art. Hence we have had as few authors who excel in this line of writing, as there have been subjects susceptible of its application. Much safer, therefore, would it be for the fame of those, the "even tenor of whose way" supplies no food for wonder, that the public be left to imagine their likeness from the perusal of their works, than to have this generally magnified vision of their identity dissipated by the public exhibition of a matter-of-fact portrait, executed by an unskilful hand. In this class of writers and subjects of biography, we are inclined to include Dr. Ballingall and Dr. Barclay, whose tranquil passage through life, appears not to have been interrupted by any of those obstacles to success, or marked by those triumphs over difficulties, which please by their approximation to the feats of romance; while those qualities for which he was so eminently conspicuous have evaporated in the hands of his historian. As many beyond the pale of Dr. Barclay's immediate friends may not be acquainted with even the few facts relating to him, placed on record in this memoir, we shall give an abstract of them, for the gratification of public curiosity.

"Dr. Barclay was born in the year 1759 or 60, at the farm of Cairn in Perthshire, and was removed to Strageath, in the same county, at a very early age, where he received the rudiments of his education at the parish school of Mulhil, under a Mr. Thompson, a teacher reputed for sound classical attainments. In 1776, or at the age of seventeen, he entered as a Bursary student, obtained by competition, in the Old College of St. Andrew's, where he evinced signs of future eminence, by a rapid proficiency in the Greek language, Euclid's Elements, and Conic Sections. During his residence here, which occupied five sessions, he also acquired a competent knowledge of Hebrew, and composed for his own instruction, or, perhaps, with a view to publication, what he called a History of all Religions, being then destined for the church. Of this work no remnant could be discovered among his papers after his death, having prudently, perhaps, committed it to the flames—a loss scarcely to be regretted, as, in all probability, he followed the example of all other controversialists, from Chrysostom to Dr. M'Crie, by first showing the weak points in every man's religion, and concluding with the orthodoxy of his own. Having completed his college course at St. Andrew's, he was licensed as a preacher by the Presbytery of Dunkeld, became a tutor in the family of a Charles Campbell, Esq., of Aberuchill, and, subsequently, in the same capacity, in that of Sir Charles Campbell, of Loch Dochort, where he displayed a taste for natural history, by some observations made on insects during his hours of leisure. With the latter gentleman's two sons, his pupils, he removed to Edinburgh, at the commencement of the winter session of 1789. Here his attention seems to have been divided between the discordant pursuits of the pulpit and the dissecting-room, having commenced the study of medicine about this time, and also assisted some

of his clerical friends in town, in the discharge of their spiritual functions. Anatomy, however, having more charms for him than divinity, he soon devoted himself exclusively to its cultivation; and, having made sufficient progress in the science to qualify him for the task, he shortly after became assistant to the late Mr. John Bell. In 1796, or in seven years from the commencement of his professional studies, he graduated as doctor of medicine in the University of Edinburgh, having defended a thesis "De Anima, seu principio vitali," the latinity of which appears to have been highly commended, and its subject, as will be perceived, to have claimed his earliest and latest attention. On his graduation he visited London, where he studied for twelve months under a Dr. Marshall of Thavies' Inn; provided himself there with some preparations, partly purchased and partly dissected by his own hands; returned to Edinburgh, and commenced at once in the capacity of an anatomical and surgical teacher. His success at first, according to his own account, was by no means very encouraging. The second Monro, Mr. John Bell, and several other teachers of eminence, were then in the height of their reputation, and in possession of the field; but even with these formidable rivals his punctuality and invariable attention to the interests of his class, secured him an annual increase to the number of his pupils. Independently of his merits as a teacher, much of his success has been attributed to his extensive acquaintance with the clergymen of Scotland; who are generally consulted by parents on the education and pursuits of their children. The Edinburgh College of Surgeons, too, paid his celebrity the marvellous compliment of passing a resolution, in 1804, acknowledging certificates of attendance on his anatomical and surgical lectures as equivalent to those of any other of the constituted authorities recognised by that body. His reputation was now fully established; and, to complete his happiness, we are told, that in 1811, he was enabled to accomplish a long-cherished object, by marrying Miss Eleanora Campbell, daughter of his patron, Sir James Campbell, in whose house he had hitherto continued to reside. From this period to 1815, there is nothing of any importance recorded of him; when, by the advice, of his friends in consequence of the declining state of his health, he was induced to enter into partnership with Dr. Knox, Conservator of the Museum of the Edinburgh College of Surgeons, who continues as his successor."

The memoir concludes with a notice of his bust, executed by the artist Joseph; the bequest of his valuable museum to the College of Surgeons; his last illness, commencing in an attack of apoplexy; and the disposing of his remains, which were interred in Restabrig, near Edinburgh, the family burial-ground of Sir Charles Campbell.

Of the benevolence of his disposition, and his gratitude for favours conferred, attributes common to every great mind, some striking traits are given; but of Dr. Barclay, as he was, those who had not been acquainted with him, can form no idea from this memoir which buries him beneath a drapery of general and unmeaning panegyric; which, however well deserved, is no substitute for a graphic representation of the individual. For some notice of his various works, which might naturally be expected here, we are put off with a simple enumeration of their titles, and a reference to the periodical journals for the opinions expressed of them as they were severally published. They consist of the article "Physiology" in the Encyclopedia Britannica, his first contribution to medical literature; his work on "Anatomical Nomenclature," published in 1803; a "Treatise on the Muscular Motions of the Human Body," brought out in 1808; a "Description of the Arteries of the Human Body," laid before the public in 1812; and his last and principal work, "An Inquiry into the Opinions, Ancient and Modern, concerning Life and Organization." Of these works, but particularly of the latest, it may be observed, generally, that they display more learning than discovery or invention; and that much of their author's reputation depends on its ingenious connexion with the doctrines and languages of antiquity. The classical acquirements of the divine, treasured up in half a life's study of the tenets of the schools of Greece and Italy, were suddenly transferred by the anatomist to the humbler literature of a different profession; where they made a splendid appearance, merely because such acquisitions were

scarce in the field. In the same work some specimens of reasoning occur, which do not place his judgment in a favourable light, if we are to look on his arguments against phrenology as the result of his conviction; for an examination of every lunatic asylum might have demonstrated to him, that there is, at least, a coincidence between the modifications of matter and mind; that however defective this doctrine may he in detail, there is some foundation for it in nature, and that it is intitled to the same kind of belief and respectful scrutiny, as all other doctrines in physiology, resting on the universal usage of looking on concurrent phenomena as cause and effect. But perhaps his early associations with, and subsequent patronage derived from, the church, may, in some measure, help to explain his moral opposition to all theories involving, in the remotest degree, the interests of religion; and account for that mixture of faith and philosophy, which distinguish, and form none of the most rational passages of his works. The late period of life, too, at which he entered the profession, being in his thirty-sixth or seventh year at the time of his graduation, and his immediate engagement subsequently in the laborious duties of a teacher, may serve to account for the absence of practical observations, derived from his own experience, in his literary productions. Though professing to teach surgery, we are subsequently informed in this memoir, that he never sought or had any practice of that kind; a defect by no means uncommon among the teachers and writers in that science in Edinburgh. Yet when the number and value of his writings, and his success as a professor, are considered in reference to the short time and difficulties under which both were accomplished, they must ever remain an honourable testimony of his industry and perseverance, and furnish an irrefutable answer to the opinions of those who inculcate the inutility of classical learning to the members of the medical profession. Of the lectures, which compose the latter part of the volume, we think it unnecessary to enter into any minute detail. They are five in number; four, introductory to a course of human, and one to a course of comparative anatomy, given during the summer months. They consist, as most essays of the kind do, of proofs of the utility of these sciences; of the plan proposed to have been followed in their tuition; and a concise history of the several discoveries and improvements by which they have been enriched by various anatomists of all ages and countries. They are extremely well designed for the attainment of their object; written in a perspicuous and unpretending style, and contain much information on the subjects of which they treat. As incentives to the student to consult for himself those sources of knowledge, which, though of easy access, are but too rarely approached by the majority of the profession; and as an instructive account of anatomy for those whose leisure or years preclude them from undertaking such a task; we can recommend these lectures with confidence to both.

The Glasgow Medical Journal. No. 1, Feb. 1, 1828. Allan & Co. Glasgow.

We are probably the first contemporary through whom the editor and contributors of this new candidate for public patronage will receive an opinion of their labours; and there are many reasons which induce us to make a favourable report. Recollecting the extreme sensibility of youth, we entirely acquiesce in the propriety of that indulgence which "first appearances" of every kind have generally experienced; for though our own infancy was an exception to this clement usage, now that we are strong, we can be merciful, and even gratefully acknowledge the services of those who, while they attempted to destroy, only gave addi-

tional vigour to our constitution. Besides the protection due to its tender age, the work itself is a sufficient security against the more rigid application of criticism, having many peculiar qualities to recommend it to favour. These attributes are principally its purely scientific objects; freedom from all offensive pretension, and provincial character. So far it is exempt from the vice of insidious medical politics; not a syllable does it contain of the imperfections of its senior contemporaries; nor even a promise to remedy their defects. This is at least indicative of good taste and sound sense; for we never knew a bravado in the closet who was not a coward in action; nor a boaster who did not, in the end, prove himself an ass; and as it does not intend to enlist itself on the right side of professional politics, to be silent was prudent. It is, consequently, devoted exclusively to science, and local in its operations, being as completely of Glasgow composition, as one of the articles manufactured in that celebrated emporium of steam engines. Every page breathes of its "whereabout;" the writers, subscribers, and materials being, for the most part, made up out of the western capital of Scotland. To us, this locality constitutes one of its chief merits, as it enables us to see the precise state of the health and disease in a particular district, and the science and talent displayed by its medical practitioners. Highly approving, therefore, of a plan which promises to furnish us with a faithful account of the contentions between death and the doctors in a particular district of the country, we shall now proceed to give an analysis of its contents, which are mostly composed of what have been termed original communications.

The first of these is from the pen of Professor Jeffray, of Glasgow, giving an explanation, accompanied by a plate, of an instance of the irregular distribution of the venous system; and of its nature we cannot give a better idea than by quoting his own summary of the peculiarities of the case:—

"The chief peculiarities seem to be,—that the vena cava, in passing behind the liver, avoided all connexion with the hepatic veins:—that there was, strictly speaking, no vena azygos on the left or the right side:—that the cava inferior, where it came up to the heart, divided into two unequal branches; the larger turning to the right, and the smaller to the left, but both avoiding the heart:—that the branch on the right side, which may be called the cava inferior dextra, followed the course of the vena azygos, and ended as if it had been the azygos in the cava superior, while the other, which may be called the cava inferior sinistra, ended in the left subclavian vein:—that the *dextra*, while it continued to do its duty as cava, assumed that of the azygos also, by receiving the portal veins, as soon as it passed the right emulgent:—that the *sinistra*, having come off from the *dextra* in the thorax, could not only act as an auxiliary cava in the right side of the thorax, but also do the duties of azygos there; but while in this way the duties of azygos would be performed to the whole of the right side and part of the left, the lower part of the left would be neglected; to guard against which, the left emulgent let up a large vein, which, while it conveyed to the cava inferior a part of the venal blood, must have also done the duty of azygos to the parts in its vicinity, as into it the lumbar veins were seen entering:—lastly, that all the blood, with the exception of that from the hepatic veins, must have been poured into the right auricle in this case, from above downwards, in one full and undivided stream."

This curiosity in the circulation was, we presume, met with in the dissecting room, and is neither accompanied by any particulars of the person during life in whom it occurred, nor any conclusion drawn from the facts stated.

The next paper is by Mr. Monteath, in which he enters into a minute anatomical description of the axillary artery, and gives the history of those cases in which that vessel had been tied, followed by a case in which he has operated in consequence of hæmorrhage having supervened on extensive sloughing of the arm, which had been severely contused by a carriage wheel passing over it. He gives the following account

of the manner in which he performed the operation :—

" The patient being laid on a table, with his right side near to its edge, and his arm supported by an assistant, at a right angle with his body, the subclavian was to be compressed by the padded handle of a tourniquet against the first rib, in case of hæmorrhage. I made an incision three inches and a half long, extending along the course of the artery, from as high up in the axilla as the integuments would permit, to within half an inch in the sloughing of the arm, that is, to the border of the axilla. After cutting the skin and cellular substance half an inch deep, I performed the dissection with the handle of the knife and my forefinger nail, assisted occasionally by tearing a few fibres of membrane with the forceps. Two large nerves first presented, and behind the one next the humerus, lay the artery. By cutting the sheath of the nerve with the scalpel, I easily exposed the artery. A very large vein lay on its humeral aspect, not on the sternal, where I expected to find it; in this instance the venæ comites did not unite till high up in the axilla. I made a separation between the vein and artery with the forceps, by tearing the cellular substance. I now entered the armed aneurism needle easily between the vein and artery, pushed it round, and, by a few scratches of my nail, brought it through on the opposite side, the ligature being applied two inches above the tendon of the latissimus dorsi, and the wound brought together by adhesive plaister."

The patient, after a tedious convalescence, recovered the entire power of the arm and its sensibility, which was considerably diminished after the operation for some time. To this succeeds a case of obstructed respiration, by Dr. Sym, in a young infant, of rather a singular description. The symptoms were not unlike those attending croup. The breathing during sleep was difficult, and sometimes stertorous; while awake, it was performed perfectly natural. During these exacerbations of the disease, the tongue was retracted to the back of the mouth, and the larynx protruded excessively in front of the neck. At first, swallowing was little affected; the tonsils and uvula were scarcely more red and tumid than in the healthy state; but they subsequently became inflamed. A tumour, thought to have been an indurated gland, formed at the angle of the jaw, and some bloody purulent matter was once or twice expectorated. The dissection cleared up the ambiguity of these appearances, which we subjoin in the author's own words :—

" Tumour scarcely perceptible. The trachea and œsophagus being divided below the cricoid cartilage, and dissected up, a cyst, containing two ounces and a half of greenish matter, was found extending from the left side of the vertebræ, to the mastoid process of the right temporal bone, and nearly to the base of the cranium behind the fauces. Its coats were strong and thick, being white, and of a fibrous appearance externally, and granulated within. It was covered by the sterno-mastoid muscle and great blood-vessels of the neck, and a small projection of it formed the tumour supposed to have been an enlarged gland. The mucous membrane of the trachea was perfectly sound; that of the epiglottis was slightly thickened, and a few minute red vessels were observable at the rima glottidis; lungs healthy."

Abscesses in the situation described, both in infants and adults, are by no means so uncommon as the practice adopted by Dr. Sym would lead us to suppose; and, when understood, admit of easy relief by puncture with a trocar through the back of the fauces, which we conceive might have been attempted with success in the present instance.

A case of encysted dropsy, in which tapping was performed with a favourable result, and a paper containing an analysis of the mineral springs of Scotland, by Dr. Thompson, professor of chemistry in Glasgow, follow. In the former, we find nothing further than the result worth recording; and of the latter we could give no abbreviation. We then come to an elaborate essay on " porriginous ophthalmia," by Mr. Christian, of Liverpool; the following is the account which he gives of this complaint :—

" Porriginous ophthalmia is a disease of early life, affecting children principally, though sometimes seen in the adult subject. It is usually accompanied by an eruption of pustules on the face and head, which go through the stages of suppuration, ulceration, and desquamation; and if the erup-

tion in its pustular form shall have disappeared before the inflammation of the eyes have (has) commenced, still there will almost always be found some traces of the disease in the form either of scales or fissures situated behind the ears, at the commissure of the palpebræ, or the junction of the old nose with the cheeks. It is worthy of remark, that when the fissure, or chap, is situated between the lips, attended with excoriation of the nostrils, the upper lip often swells, assuming the appearance of what is vulgarly called scrofulous lip, which may be the cause of this disease being referred to this origin. Sooner or later the ophthalmia commences, and the eye in a short time presents a highly vascular state of the conjunctival membrane. The inflammation appears in different degrees of intensity in different parts of the albuginea; and the vessels, which are much enlarged, are seen to run in clusters towards the central parts of the cornea, whilst this tunic, contiguous to these vessels, is more or less clouded. On minute inspection, a pustule, or vesicle, will be frequently found at the apex of this fasciculus of red vessels; but very often, instead of these, will be found depressions at the margin of the cornea; over the intermediate space. On some occasions, the cornea will be perfectly transparent, while the albuginea will present one or more yellow spots, elevated above the surrounding vascular superficies. Similar ulcers are sometimes found on the lining membrane of the palpebræ. Wherever situated, they render the motion of the eyelids painful; so that the eyes are kept fast closed, and their inspection becomes a matter of difficulty. The sight being affected only in proportion to the opacity, and as this is inconsiderable in some instances, the vision remains perfect; but the sight will be necessarily more or less impaired, according to the density of the opacity of the cornea. Very often black spots may be observed arising from the attenuation of the cornea occasioned by the ulcerative process, which sometimes perforates this tunic, and incarcerates a portion of the iris. Although the pain attendant on this affection of the eyes is not very great, yet, from the great irritability of these parts, the patient not only carefully shuns the light, but desires to lie with the face downwards, whilst the hands are generally applied to the forehead. The disease very often assumes a chronic form, leaving one or more opaque spots on the cornea, the consequence of lymph effused into its coats. The conjunctiva of the palpebræ likewise becomes changed in its structure; and from the long continuance of inflammation, which frequently extends by continuity to this part, there arises a morbid sensibility, which may be very properly called *impatience of light*, which is very difficult of removal."

Mr. Christian is of opinion, for many reasons, that this affection of the eyes is merely an accidental consequence of porrigo; or, in other words, that the disease is produced by the matter of the pustules being applied to the eyes. First, the ophthalmia never appears until the child is about six months old, or capable of relieving uneasy sensations, when it may transfer the matter from the sores to the eyes; secondly, the inflammation of the eyes never precedes the eruption of the scalp; and, thirdly, the pustules propagate themselves by contact to neighbouring parts, thus establishing their contagious character. Bleeding, blistering, and cold lotions, so much employed in other affections of the eyes, are seldom necessary. As he looks on the disease to be of a specific kind, he thinks mercurial applications deserve a preference; of these, he employs the oxymuriate of mercury in the proportion of a grain to an ounce water, or the calomel and lime water, known by the name of the black wash, with a small portion of the diluted ointment of nitrate of mercury insinuated between the eyelids. For the ulcers of the cornea, he uses a solution of the nitrate of silver, (two grains to the ounce of distilled water,) applied over the globe of the eye every second day; and for the removal of the morbid sensibility to light, a collyrium composed of four grains of sulphate of zinc to four ounces of water, with a drachm of the vinous tincture of opium, which is to be dropped, twice or thrice daily, into the eye.

Passing over two papers on the Dysentery which prevailed in Glasgow last season, we come to another on the application of the chloride of lime to some uses in which we have not heard of it being yet employed by any other practitioner. The writer states, that he has used successfully, in the proportion of two grains to an ounce of water, in fœtid ulceration of the gums;

fœtid lochial discharge; in dressing burns; for correcting a habitual fœtor of the breath; and, "in ptyalism," he states, it is of great consequence to many a young man to remove the fœtor of his breath, and to prevent the discovery of the disease. If it possesses these powers over the fœtor of the breath, we may naturally expect to see it shortly made the basis of all our dentifrices and washes for the mouth. The next is an Essay on Auscultation and Percussion, written, we presume, by Mr. Mackenzie, the conductor of the journal. We have no observation to make on it, further than it presents a favourable specimen of composition, and the selection of the subject would indicate the increasing though tardy attention which is paid to the stethoscope. It is succeeded by a case of injury of the spine, occurring in a gardener who fell from a branch in the act of pulling fruit from a tree. In this instance, the disease was confined to the body of the vertebræ, instead of the intervertebral cartilage, as may be collected from the following account of the morbid appearances on dissection:—

"In the posterior mediastinum, there was an abscess containing five ounces of curdy pus. This was situated opposite the sixth, seventh, and eighth dorsal vertebræ, and encroached considerably on the right side of the chest. The body of the seventh vertebra was almost destroyed by ulceration; the bodies of the other two were also partly absorbed. In no part had the disease extended to the intervertebral cartilage. Notwithstanding the extent of the destruction, the osseous structure of the diseased vertebræ was of its natural colour and hardness, and the disease commenced in, and was confined to, the bone."

Dr. Maclachlan gives the history of a case of "pulsating tumour of the scalp," somewhat resembling that in which Mr. Wardrop tied the carotid artery, which was also tied in the present instance. We shall give the description of the disease, the operation, and post-mortem appearances, in the author's own words, being of some importance.

"Soft, puffy, pulsating, and somewhat elastic swellings, of a varicose appearance, were found to occupy the course of the temporal posterior auris, and occipital arteries, and their principal branches, each branch terminating by a tortuous extremity. These swellings could be made partly to disappear by pressure. They pulsated synchronously with the heart, throughout their whole extent. Pressure on the carotid artery stopped their pulsations, and also by pressing on each of the trunks leading to them. They were not painful, and only disturbed the patient by violent throbbings, which deprived him for nights of his sleep. The integuments covering them were of a natural colour, except in the prominent parts, where they had a slightly bluish red tinge. The largest of them about the size of a split lemon, commenced in front of the ear and over the zygoma, and sent processes towards the forehead, the vertex, and back of the head. The disease commenced ten years ago, after arteriotomy, which was followed by a small aneurism, for the cure of which the artery was first cut, and afterwards tied lower down. The tumour reappeared in a short time, but produced little uneasiness for more than five years. On assuming its present character, pressure was tried, but could not be endured for any length of time. On applying to the writer of the case, the patient was anxious to have the carotid tied, having been told that the operation was the only means by which he could be cured. This, he was informed by the writer of the paper, could be done, after other means had been tried; and he, accordingly, tied the artery as it emerged from the parotid gland. On dividing the fascia-like substance covering the artery, it shot forth in the form of a loop, larger than a goose quill. It was thinner, and more diaphanous than a vein, and thrilled violently at each pulsation. A ligature was applied round this loop, which partially stopped the pulsation in the anterior and central portions of the tumour, which now felt flaccid and doughy. The state of the artery at this point, indicated the necessity of tying the common carotid, which was performed the next day, and completely stopped the pulsations in the various tumours, though they were diminished little in size. The patient died in four days, when the following appearances presented themselves on disection: the wound, which had adhered by the first intention, had partially opened by putrefaction, from the heat of the weather. The carotid, par vagum, and jugular vein, appeared as if never disturbed; there was no pus formed round the ligature. On slitting up the artery, and cutting through the ligature at the same time, small but soft clots of blood were found above and below the ligature, and the artery remained puck-

ered by the recent deposition of lymph. Its inner coats were divided, as if with a knife; the outer was dense, strong, and entire. Below the ligature, the inner coat was of a vermilion red colour; even that of the thoracic aorta, bore equal marks of inflammation; but the vessel, at its bifurcation, was perfectly healthy in its appearance. The carotid in the neck was of its usual size and thickness; but, on examining its branches on the head, they were found to have degenerated into dilated tubes of extreme thinness and transparency, which, yielding to the impulse of the blood, had become elongated, contorted, and attenuated convolutions on themselves, so as to form the tumours in this singular disease. These tumours felt like placenta, and to the eye the large part over the ear looked like earth-worms coiled together."

To this paper succeeds a report of the practice in the Royal Infirmary of Glasgow, by Dr. Young, surgeon to that Institution. Omitting his more important operations, for which we have not space, we shall select one of its curiosities, the treatment of nævus maternus by vaccine inoculation:—

"Jane M'Gibbon, æt. three months, had a roundish tumour as large as a sixpence on the right side of the chin, of a purplish colour, and formed by blood-vessels. Round the border of the tumour, and over its surface, small punctures were made, and vaccine lymph freely applied. In ten days the whole disease was involved in one pustule; but when this became incrusted and thrown off, there remained a dark prominently-diseased surface. It suppurated twice after this, and at the end of five weeks the cure was completed, no vestige whatever of the nævus remaining."

Caustic or antimonial plaster, he thinks, would be equally effectual as the vaccine lymph in removing the slighter forms of this disease. The work concludes with a report of the diseases to which the Glasgow poor are subject, from the pen of Dr. Macfarlane; but we have so far exceeded our limits, that though wishing to give a more copious analysis of the contents of the work, we must conclude by heartily wishing it success.

CHELMSFORD AND ESSEX HORTICULTURAL SOCIETY.

[From the Essex Herald.]

A General Meeting of this Society, most respectably attended, was held at the Saracen's Head Inn, on Saturday last, for the purposes of auditing the accounts, for the election of new members, and for transacting other business.

At twelve o'clock, Mr. Howard, the able Secretary, having announced the names of the candidates for admission as Honorary Members, and their election, which unanimously followed, that gentleman proceeded to lay before the meeting an account of the expenditure, which statement being found correct, and other preliminary business having been disposed of, Mr. Howard proposed that Dr. Forster (at this time residing at Boreham), should take the chair, which, at the earnest request of those present, the Doctor most condescendingly complied with.

Shortly after, Dr Forster rose and addressed the Meeting on the prospects of the Society. He said, he felt much gratified by the honour conferred in proposing him to take the chair, but that, in the active pursuit of an arduous profession, one which prevented his being able to command his own time, he would accept that honour only *pro tempore*, and on the condition that the Society would, in the course of the year, consent to appoint some more able person to fill that situation. The worthy Chairman observed, that he had, all his life time, been an amateur of Botanical Science. Natural History had, indeed, been his favourite study from his earliest infancy, and he should feel particular pleasure in lending his aid, as far as might fall within the compass of his limited power and ability, to promote the views of the Society.

Mr. Howard hoped the original views of the Society—that of extending prizes to candidates for the best show of Fruit, instead of confining it to floral objects of botanical curiosity, would meet the general views of the members, and that a proposition to that effect, which he intended to submit to a subsequent general meeting, would be adopted as likely to meet the approbation of the public, by convincing them that the Society not only cultivated plants, but embraced objects of greater public utility, in a horticultural point of view. Mr. Howard named the fruits as objects most worthy of the Society, to be, in his opinion, the grape, the melon, the cucumber, the peach, the nectarine, and the pear. He also suggested the introduction of culinary productions.

Mr. Spurrell concurred in what had

fallen from the worthy Secretary. He thought certain fruits and certain flowers, which flourished at the same time, might be exhibited on the same day.

After a very pleasing discussion, which lasted a considerable time, upon the propositions of the two last speakers, it was agreed to postpone their further consideration, with other matters, until the next meeting.

Dr. Forster suggested the propriety of giving publicity to the proceedings of the Society, from time to time, in a small periodical publication, to be called the *Floral Herald*, and he would engage to take an active part in preparing such Report. The learned gentleman would also undertake, he said, as often as his limited time would admit, to translate from the *German* and *French* Journals, such articles as might be found of general interest to the Horticulturist. The Doctor spoke at considerable length on the great utility of publications like those he proposed, and of the powers of the press; he instanced The Lancet, as an example of the great magnitude and importance that such periodical works had acquired, which began by small *exordia*. The Lancet set out with reporting only a few medical facts and observations, but it had become of great importance, and was circulated on a scale perfectly unprecedented in the annals of medical literature; it had contributed essentially to promote the medical profession, and the rapid circulation of medical knowledge. He would recommend to the notice and support of the Society, a small work which would have for its object the circulation of information connected with Horticulture and Botany in all its branches, to be published at a small cost, in order that it might be accessible to cultivators generally, to contain a record of the principal improvements made in those sciences in the county of Essex and elsewhere, to which cultivators should be invited to contribute, at a time, too, when the almost simultaneous energies of the people in all counties were united in order to extend the benefits of education to all classes of the community; in diffusing such blessings, the good effects of a free periodical press was universally felt and acknowledged.

Dr. Forster then suggested that an eminent Botanist, not residing in the county, should be requested to become an Honorary Corresponding Member of the Society, and named Sir James Edward Smith, the President of the Linnean Society. The proposition was received with much applause, the general impression being, that such a name would be a great acquisition to the Society; the motion was carried with acclamation.

The importance of the accession of so active and useful a member as Dr. Forster, was felt and acknowledged by all present.

LIBRARY OF THE COLLEGE OF SURGEONS.

Royal College of Surgeons in London, 2d January, 1828.

Sir,—I am directed by the Board of Curators to inform you that the library of this college was opened on the 1st. instant under the following

REGULATIONS:

The reading-room of the college shall be open from ten till four every day, except on Saturdays and Sundays; except also during the month of August.

Members and articled students of the college shall be admitted to the reading-room.

Other persons, desirous of admission, shall send their applications in writing, (specifying their christian and surnames, rank, or profession, and places of abode,) to the Board of Curators.

Admission will be granted for six months, at the expiration of which time application shall be made for a renewal of the permission.

All possible despatch shall be used in supplying readers with such books as they may require.

Readers taking extracts from any book, shall not lay the paper on which they write, on any part of such book; nor shall any tracings be taken from any plate without the permission of the Board of Curators.

Readers are not to write on any part of a book belonging to the College; and if any one should observe a defect in any book, he is requested to communicate the same to the librarian.

N. B. The admission tickets are by no means transferable, nor may readers introduce friends, or amanuenses, without respective tickets.

Edm. Belfour, Secretary.

ST. THOMAS'S HOSPITAL.

CASE OF STONE IN THE BLADDER, IN WHICH THE OPERATION OF LITHOTOMY HAS BEEN TWICE PERFORMED BY MR. GREEN.

THERE is, at the present time, in Isaac's Ward of this Hospital, a patient, on whom Mr. Green has twice operated for stone in the bladder, and who is now, for the third time, labouring under symptoms indicative of the same disease. The particulars of this case, which Mr. Green mentioned a short time since, in a Clinical Lecture, are as follow :—

W. D. ætat. 45, from Northamptonshire, was admitted on the 12th of December: he stated that he had frequent micturition, with inability of retaining his urine, but that it frequently stayed of its own accord suddenly, he had smarting in the perineum, and a dull pain in the neck of the bladder, extending upwards to the loins; also, an acute pain at the end of the penis, after making water. In addition, he complained of pain in the thighs and legs, extending even down to the toes: the urine, in many instances, he said, dribbled away unconsciously, and he manifested great tenderness on pressure being made over the pubic, as well as the lumbar region. The symptoms, he described, as being much aggravated by motion, when the urine became bloody.

He laboured under a similar train of symptoms in the year 1824, at which time he was in the Hospital as a patient of Mr. Green, and, in the month of October, he underwent an operation for the extraction of a calculus of considerable size. He was dismissed, cured, at the latter end of the following month, November, but had not been absent from the Hospital more than three months, when he was again affected with the distressing signs, characteristic of stone, and the disease went on increasing so rapidly, that after a further lapse of eight months, he applied for admission, and was a second time placed under the care of Mr. Green. It being again unequivocally ascertained that a calculus existed, a second operation was performed, on the 14th of October, 1825. The stone was found to be of the triple phosphate kind, and owing to its brittleness, as well as to the hard and unyielding condition of the prostate gland, it crumbled upon extraction. The bladder was freely syringed, and, it was presumed, was fairly cleared out; however, at the expiration of four months, there were again indications of a renewal of disease; the symptoms gradually increased, and at length became so urgent, that he obtained admission a third time, when he was affected in the manner described above.

Mr. Green, in his Clinical Lecture, remarked, that he had distinctly ascertained, by sounding, the presence of a calculus in the bladder, but, as the man's general health was much affected, and there was reason to believe that the kidneys were in a state of disease, he should decline performing the operation a third time. Such, he said, was also the opinion of Dr. Prout, whom he had consulted on this case, and who had recommended the administration of an *infusion of uva ursi*, with soda, to be prepared with four drachms to an ounce of the plant, and one to four drachms of the subcarbonate of soda, infused together in a pint of boiling water. A wine glassful of this infusion, with a few drops of laudanum, or tincture of henbane, to be given three times a day.

Mr. Green especially pointed out the remarkable feature in this case, of the reproduction of calculi, which he said was almost invariably observed, where the first concretion is of the triple phosphate kind, the diathesis being so strong in such cases, that it is almost impossible to correct it; and, besides, the calculus forms with great rapidity.

The man continues in the Hospital, and has been, for some time, taking the medicine recommended by Dr. Prout, with slight benefit. When we last visited him, however, Feb. 9th, he remarked, that his sufferings were great, and said that he passed his water almost every hour. His constitution, evidently, is much undermined. Whatever may be the result, we shall take care to detail it.

TO CORRESPONDENTS.

THE Letters of MEDICUS—RETIRED GENERAL PRACTITIONER—FRIEND TO TRUTH—LOOKER FORWARD—RETIRED SURGEON OF THE E. I. C.'s ARMY—DISCIPULUS—E. J.—LONDINENSIS—C.—DR. J. P. KAY—PORCUS—AN OLD PRACTITIONER—C. P.—Mr. F. C. CHERRY—The Resolutions of the Veterinary Students, and several other Communications, shall be inserted in our next Number.

To the Readers of THE LANCET.

MACLEOD v. WAKLEY.

The "*Yellow Goth*" will be scarified by MR. BROUGHAM, on Monday next, the 18th inst., in the *Court of King's Bench*, Westminster.